

EVALUATION REPORT OF THE NARCOTICS
EDUCATION LEAGUE'S RESIDENTIAL TREATMENT
PROGRAM FOR CHICANO HEROIN ADDICTS

submitted to:

Alameda Regional Criminal Justice Planning Board

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Alameda Regional Criminal Justice Planning Board

Prepared by:

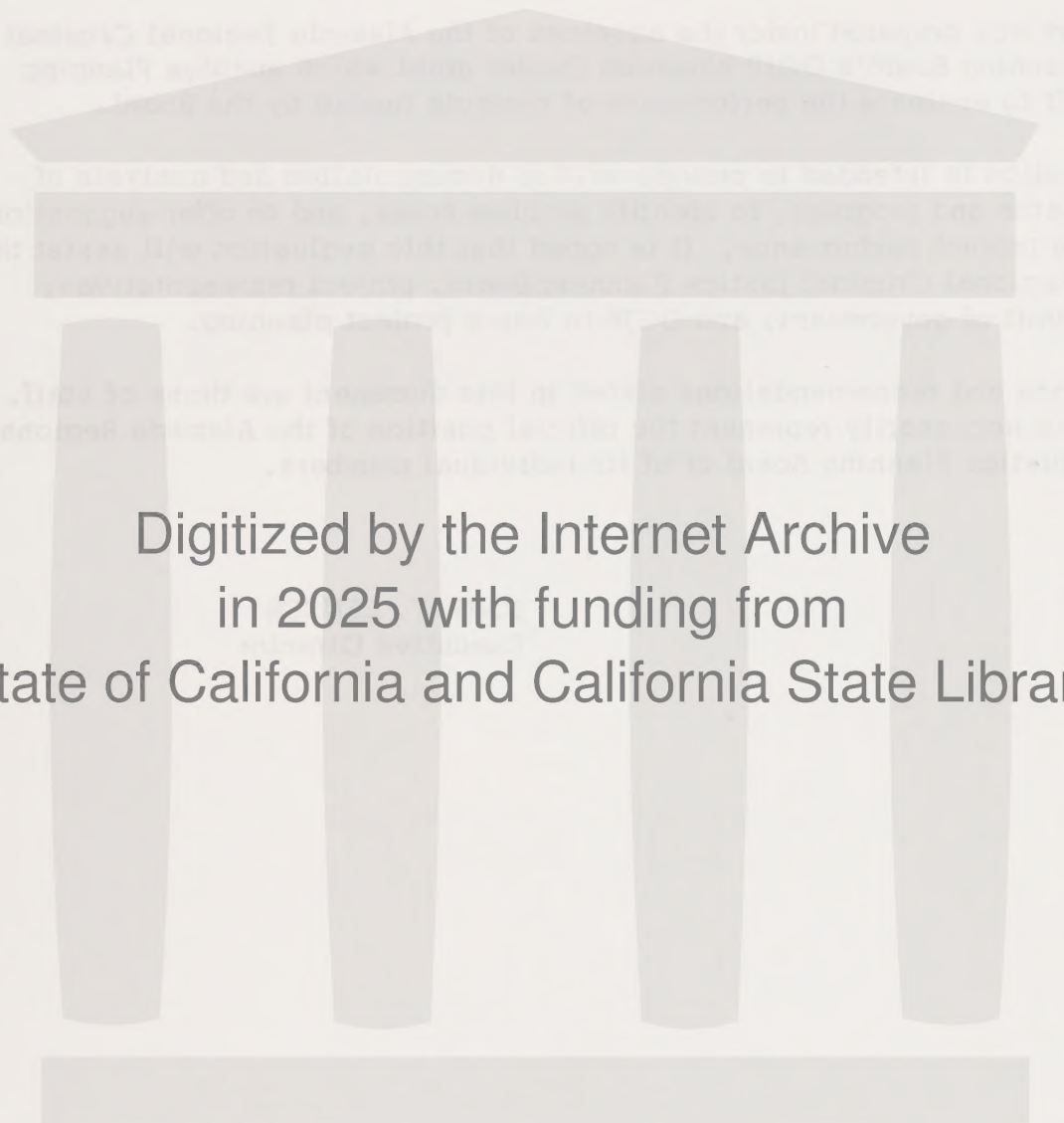
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*Narcotic education leagues
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min-groups " "
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April 1, 1975



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Jerry H. Langer

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I. SUMMARY OF MAJOR FINDINGS
AND RECOMMENDATIONS

A. Findings

The Narcotics Education League, Inc. (NEL), operates a residential treatment facility for heroin addicts under a grant from the Alameda Regional Office of Criminal Justice Planning (OCJP). The facility became operational in March 1973. This report covers the first 18 months of the project. A brief summary of the chapters of this report are presented below.

1. Philosophy

Operating on the philosophical assumption that heroin addiction is primarily a by-product of adverse social conditions, NEL staff is providing addicts with the individual skills and necessary social opportunity that will enable the addict to compete more equitably in the social structure. In formulating their treatment theory, NEL staff have oriented their approach particularly toward the needs of Chicano addicts. Citing a lack of drug treatment programs that are both sensitive and relevant to the Chicano experience, NEL provides a cultural milieu within its treatment modality.

2. Organization

NEL entered into a third-party contract with the County of Alameda to operate the residential facility. During the first year the Health Care Services Agency acted as the County's administrative unit; during the second year sponsorship was transferred to the Probation Department. In the course of implementing this project, confusion arose over County administrative roles and responsibilities. These agency-related problems were part of larger administrative problems which have beset the project. There are a number of areas in which NEL is weak organizationally. During the project's formative stages a struggle for ascendancy occurred between NEL's Board of Directors and the staff. This administrative crisis resulted in en masse Board resignation, alienation of a segment of the Spanish-speaking community and continued frustration in dealing with the sponsoring agency. The scars of this disruption are still with the project. They have manifested themselves in a general lack of direction on the part of the NEL's Board of Directors, blurred lines of authority and responsibility between the Project Coordinator and the Board, and an absence of proper administrative controls. It is incumbent upon NEL to make the necessary administrative modifications to insure continued funding beyond its present three-year CCCJ funded contract.

3. Components and Services

The residential treatment program consists of seven basic components. The client contact and interview components are handled exclusively out of the drop-in center, the center being the conduit for the residential facility. The treatment program within the residential facility consists of several components. The live-in program, run by an ex-addict Chicano staff, is a bilingual, bicultural treatment modality consisting of four stages. Each stage is characterized by increased client responsibilities, additional client privileges, continued client motivation to remain drug free, and development of a positive, goal-oriented Chicano value system.

The Candidacy stage is the first step of the residential program. It is a time, ranging from 30 to 60 days, during which the addict is required to make a "meaningful" commitment toward developing a drug-free life style. The second stage is that of the Familia. Familia members comprise the core of NEL's therapeutic process. Its members afford status, role identification and self-respect to other members of the residence. Familia members hold various leadership positions in the program, are usually more active in program activities and begin to develop long-range rehabilitation objectives such as vocational or educational plans.

Another component of the residential program is the Veterano stage. This stage is reserved for addicts who exhibit particular signs of personal growth and who develop unique counseling talents and abilities. This stage is usually limited to addicts who are being groomed for counseling positions within the program. The culmination of the residential treatment component is the graduation stage, a primarily ceremonial function, at which time the addict is given recognition for completing the basic program requirements. An ancillary component, operated out of the drop-in center, is the aftercare stage. This aspect of the rehabilitation process assists the addict in making a smooth transition to a drug-free life style by providing continued outreach services.

NEL provides a wide range of services to the addict. They include direct services such as crisis intervention, group, individual and family counseling, as well as indirect services such as medical, employment and social service information and referral. Services are provided at various stages of the

treatment process. A self-reported client assessment of NEL's services indicates that the overwhelming majority felt that the services were good to excellent. The only services receiving less favorable ratings were those connected with employment and vocational counseling.

4. Client Characteristics

Over 90 percent of the clients are Chicano, with a sex distribution of approximately 80 percent male and 20 percent female. Nearly two-thirds of the clients are under 26 years of age. Only 14 percent have completed high school and over 50 percent have not been employed during the previous two years. Most NEL clients have been heroin addicts for less than 5 years, yet nearly one-fourth have been addicted for 12 years or more. Over 50 percent had daily heroin habits costing over \$75.00. The criminal justice history of NEL clients reveals that the majority have been arrested at least twice within the past two years and nearly one-third have been convicted at least twice.

5. Project Impact

During the first year the project met all its practical, contractual objectives. These objectives are as follows:

- "Maintain 40% of all clients referred by the courts and law enforcement agencies for at least 45 days."
- "Twenty percent of those clients completing the 90-day program will be free from further criminal justice involvement for at least six months."
- "Place at least 20% of the clients served into training programs or some form of employment."

The project's overall retention rate is 43.1 percent beyond 45 days. That is, over 43 percent of the clients are still in treatment 45 days after they were admitted. During the second half of the year the trend toward longer periods of client residency improved significantly. Comparative retention rates -- Chicano addicts referred to other drug treatment programs by TASC -- shows that NEL's clients remain in treatment significantly longer. Using the 45-day period as an example, we find that NEL's client retention rate is nearly twice that of other local drug treatment programs, 43.3 and 22.9 percent respectively. Similar results were found for other time frames.

Data relating to recidivism shows that addicts who graduated from the program had no further criminal justice involvement within six months after graduation. Of those who did not complete the program, the recidivism rate was 66 percent within six months. A significant relationship was found between length of residency and recidivism. That is, the longer an addict remained in the program, the less likely it was that he/she would be reincarcerated. With respect to client placement, the project placed nearly one out of every three clients into an employment, vocational rehabilitation or educational program.

Measurements of project efficiency reveal that NEL is highly cost-effective. Utilizing "input-output" data we find that for every dollar invested in NEL, the return to the community is a minimum of \$5.40. NEL's treatment cost per client day is \$18.36, one of the lower rates among drug treatment efforts. A further analysis of administrative vs. service costs shows that NEL is also management efficient. For every administrative dollar NEL provides \$3.30 worth of direct client service; this compares with \$0.60 worth of service for every TASC administrative dollar.

A survey of criminal justice and community agency personnel revealed that over two-thirds of the respondents felt that NEL was doing a good or excellent job in treating Chicano heroin addicts. Respondents indicated that the most unique aspect of the project was its Chicano orientation and its ability to effectively treat this addict group.

B. Recommendations

It is recommended that the Board of Directors assume broader responsibility in determining organizational direction and purpose. It is suggested that the Board of Directors assume the posture of a political, policy-making force. As such, the Board should be comprised of individuals who have broad community representation and political legitimacy and power.

It is recommended that the roles and responsibilities of the Board of Directors be clearly articulated and specified. This should include (1) the reexamination of organizational goals and objectives, (2) definitions of specific tasks the Board should perform and time tables for such activities, (3) delineation of areas of responsibility between the project administration and the Board, and (4) the establishment of functional Board responsibilities in such areas as fund raising, community relations, personnel practices, organizational performance, policy and procedural changes, etc.

It is recommended that the Project Coordinator's responsibilities be limited to the administration and leadership of the residential program and drop-in center. Responsibilities assumed by the coordinator in program expansion, fund-raising, community organization, agency public relations, etc., should be delegated to the standing committees of the Board of Directors.

With the shift of sponsorship to the Probation Department, it is incumbent upon NEL to establish an adequate working relationship with this agency. It is recommended that the Project Coordinator and the chairperson of the Board meet with Probation Department administrators to establish systematic procedures for information transfers and feedback. NEL must also develop more aggressive outreach activities to make larger segments of the criminal justice system aware of its activities and accomplishments.

It is recommended that NEL place a moratorium on expansion into new areas of drug abuse. Any expansion or development should be internal rather than external. A critical examination of present policies and procedure should be undertaken to strengthen existing services and to improve the overall effectiveness of rehabilitating heroin addicts. To this end, it is suggested that specialized and intensive training be provided for staff in order to improve their job performance.

It is recommended that the project reexamine its intake process, with a view toward limiting clients that are prone to complete less than thirty days in the program. Special attention should be focused on developing objective criteria for screening of addicts. Presently all those who apply for admission are accepted. This policy should be altered, particularly in cases where staff feel that the addict will not remain in the program for an extended period of time.

It is recommended that an indepth review be conducted of the organization's management information system. There are a variety of forms and data collection instruments that are maintained by the project. Some of these are for internal informational purposes, others are the result of information requirements of the OCJP and county agencies such as the Probation Department and Health Care Services. It is felt that means should be sought to develop fewer and simpler forms which meet the existing needs of all. In addition, individual case records maintained by the project are incomplete in several respects. More precise information is required in the area of the addict's heroin habit, previous treatment experience, progress at the Canton and follow-up status. These additional informational needs should be incorporated in the revision of the project's management information system.

It is recommended that the project improve its employment and vocational counseling services. The recently OCJP funded "Employment for Ex-Addicts" project will provide a necessary link in the rehabilitation process. However, this latter project should not preclude staff from expanding its employment-related contacts and developing more individualized employment programs. In addition, staff should conduct follow-up interviews to determine why clients considered these counseling services below par.

II. INTRODUCTION

A. Heroin Addiction Among Chicano Addicts

Among experts in the drug abuse field, there is a consensus that heroin addiction is by and large a problem restricted to ethnic groups living in the ghettos and barrios of major cities. One expert testifying before a U.S. Congressional House Subcommittee commented that ". . . the heroin problem in this country is primarily concentrated in urban settings; amongst minorities, 75 to 80 percent of the heroin addicts in this country have been Black or Spanish-speaking minorities."¹

While minority addicts continue to be over-represented among the total addict population, many drug experts believe that there has been a recent leveling off or decline in heroin usage.² However, at a time when heroin addiction among Blacks and Anglos appears to have peaked, addiction among Chicanos continues to grow.³

According to the 1970 U.S. Census, "Spanish-American" Californians comprise 15.5 percent of the State's population. However, this population group represents a much larger percentage of the inmates at the California Department of Correction's Rehabilitation Center (CRC) at Corona, the State's rehabilitation facility for heroin addicts. Statistics for 1966 reveal that 42 percent of the inmates were "white of Mexican descent".⁴ The Administration for Program Research at CRC

¹Dr. T. Bryant, President of the Drug Abuse Council, in Hearings Before a Subcomm. of the Comm. on Gov. Operations on Evaluating the Federal Effort to Control Drug Abuse, 93d Cong. 1st Sess., pt. 1, at 205-206 (1973) [hereafter cited as Hearings before a Subcommittee].

²See generally, G. Gay, J. Newmeyer and J. Winkler, "The Haight-Ashbury Free Medical Clinic", in Heroin in Perspective 71-85 (D. Smith and G. Gray eds. 1972); Hearings before a Subcommittee, supra note 1, at 205; Letter from Carl Lester, Assistant Agency Director, Alcohol and Drug Abuse Services, "Trend of Heroin Use in Alameda County", September 16, 1974.

³C. Chambers, W. Cuskey and A. Moffet, "Mexican-American Opiate Addicts", in The Epidemiology of Opiate Addiction in the United States, 202-211 (J. Ballance and C. Chambers eds. 1970).

⁴M. Levi, "Study of the Differences between Mexican-American, Caucasian and Negro Institutionalized Drug Addicts and Relationship between these Differences and Success on Parole", (mimeograph) at 1 (1967).

reported that in a study of inmates in CRC from 1963 to 1969, "men of Mexican descent comprise a disproportionate segment of the Civil Addict Program when compared with the total population of other institutions of the Department of Corrections."⁵ The Mexican-American inmate population during this seven year period represented an average of 44 percent of the total heroin addict population at CRC.⁶

Other research findings offer further evidence that Chicano heroin addicts are disproportionately represented in the total heroin addict population. A study by Chambers et al., reported that the number of Mexican-Americans entering U.S. Public Health Hospitals at Lexington, Kentucky, and Fort Worth, Texas doubled between 1961 and 1967, at a time when total admissions dropped 20 percent.⁷

California Bureau of Criminal Statistics reveal that in 1969, Chicanos accounted for: (a) 10.6% of all opiate related arrests of persons with no prior drug record,⁸ (b) 31.9% of all felony drug defendants convicted of an opiate violation (possession or sale) in California Superior Court,⁹ and (c) 25.1% of all adult drug arrests for opiate offenses reported by California Law Enforcement Agencies.¹⁰

The high representation of Chicano heroin addicts among criminal justice statistics can be attributed to the fact that they respond less favorably to rehabilitation. In a five-year follow-up study of adult drug offenders in California it was found that "white arrestees of Mexican descent" had the highest recidivism rate of any ethnic group. Over 66 percent had been rearrested after five years compared to 45 percent for Anglos and 55 percent for Blacks.¹¹

⁵F. Forden, "Ethnic Group Distribution Within the Civil Addict Program," (mimeograph) at 7 (1972).

⁶Id. at Table I.

⁷Chambers, et al., supra note 3, at 208.

⁸Bureau of Criminal Statistics, Drug Arrests and Dispositions in California 25 (1969).

⁹Id. at 32.

¹⁰Id. at 12.

¹¹Bureau of Criminal Statistics, Follow-up Study of 1960 Adult Drug Offenders 35 (1968).

Other studies corroborate the difficulty in rehabilitating Chicano heroin addicts. A 1970 CRC report noted that for the base period of 1962 to 1968, only 25.7 percent of Mexican-American addicts were still on a successful outpatient basis within the first year following their release. This compares with 36.0 percent for Anglos and 26.6 percent for Blacks.¹²

An evaluation study of the Camarillo Resocialization Program for Drug Abusers in Ventura County noted that while Ventura County has a large "Hispanic" heroin addict population, "few Hispanic whites are being treated at Camarillo except in the detoxification unit".¹³ Reasons cited for Camarillo's failure to attract Hispanic whites include differences in cultural backgrounds and the client's inability to relate and respond to traditional therapeutic techniques. Treatment concepts such as group therapy have not had the same level of effectiveness among Chicano addicts as other population groups. At a NIMH sponsored "Institute on Narcotic Addiction Among Mexican-Americans in the Southwest", several treatment professionals recounted their own unsuccessful experiences in trying to get Chicano addicts to participate in therapy or sensitivity groups. It was also suggested that Chicanos do not willingly participate in mixed ethnic group sessions because of their concern for ethnic identity.¹⁴

Research conducted at the California Rehabilitation Center supports the hypothesis that Chicanos are reluctant to participate in therapy groups which include members of other ethnic groups.¹⁵ In interviews conducted by this evaluator of San Francisco Bay Area drug treatment program directors and their staffs, the majority reported that Chicanos were more difficult to work with and to rehabilitate (see Appendix B).

¹²For den, supra note 5, Table VII.

¹³Systems Science, Inc. An Evaluation of Five Drug Treatment and Rehabilitation Projects 189 (1974).

¹⁴NIMH Proceedings of the Institute on Narcotic Addiction Among Mexican-Americans in the Southwest 92 (1971).

¹⁵Levi, supra note 4, at 7 states that on the basis of a six month observation it was found that while at CRC, whites of Mexican descent spoke Spanish at all times when together and that this reinforced estrangement from other ethnic groups. They were also quite resistant to participation in group therapy sessions carried out daily in the dorms. When released on parole they went back to a Spanish-speaking neighborhood and resisted any and all kinds of assimilation.

Comparative data found in a latter section of this report indicates that Chicanos have a higher "split rate" from mixed programs than from homogeneous programs.

It appears that the Chicano addict presents a most difficult problem. He is overrepresented among heroin addicts by 400 percent, his treatment success is less than half that of Anglo addicts, and he reappears in criminal statistics at an alarming rate. As noted by Mario Levi, Chicano addicts "tend to stay institutionalized longer, are the best prospects to resume addiction on release and the worst prospect for parole."¹⁶

B. History of the Narcotics Education League

The Narcotics Education League (NEL) was incorporated on January 19, 1971, for the primary purpose of providing the Chicano community of Oakland with "educational, preventative and rehabilitation services and facilities to narcotic addicts, drug users and persons afflicted with similar problems."¹⁷

The incorporation was the result of efforts on behalf of a small group of concerned ex-addicts, representatives from the local office of the California Human Resources Department, and members from the Spanish Speaking Information Center. Recognizing the growing problem of drug abuse among the Chicano community and the need for a drug counseling center to address the problem of drug addiction, the group met with representatives from Chicano organizations in the Oakland area to obtain their support. This support from the Chicano community came both in terms of their acknowledgement of the drug problem and as technical assistance in developing a proposal for a comprehensive drug program.

A \$188,309 drug prevention proposal was submitted to the Alameda County Comprehensive Drug Abuse Program in November, 1970. Although full funding was not received, a \$15,000 grant for a drop-in center was awarded to NEL. This was viewed as a significant step in attempting to deal with drug problems in the Chicano community. NEL opened its drop-in center in the East-Oakland, Fruitvale area in 1971.

With three staff members (a director, counselor, and secretary) and several volunteers, NEL's drop-in center offered a variety of services

¹⁶Id. at 8.

¹⁷Narcotics Education League, Inc. Articles of Incorporation, 1 (1971).

ranging from information and referral to crisis intervention. In an average month, the center would refer over 30 persons to detoxification facilities, provide 30 hours of group counseling sessions per week, and engage in a variety of community speaking engagements on the subject of drugs.¹⁸

While the center continued to receive funding in 1972, there was a reaffirmation on the part of NEL's staff and its Board of Directors that existing residential drug programs were not serving the needs of the Chicano heroin addict. In August 1972, plans were formulated for a short-term residential drug program that would afford Chicano addicts a treatment modality within an ethnic milieu.

In October 1972, NEL submitted a \$75,000 proposal for a residential treatment facility to the Alameda County Comprehensive Drug Abuse Program. Anticipating funding approval, NEL began looking for a residential facility in November 1972. After much negotiation over several possible sites, a lease was signed in April 1973, for a large house in the Dimond area of Oakland. NEL's application was formally approved on March 1, 1973, and its first resident moved into the facility on April 15, 1973.

¹⁸V. Glazer and S. Howlett, Study of Eleven Neighborhood Drop-in, Drug Abuse Centers in Alameda County, 37 (1972).

III. PROJECT PHILOSOPHY

A. Introduction

In recent years the "therapeutic community" (TC) concept, as an approach to treating heroin addiction, has become the generic term for all drug-free residential programs. Central to the TC modality is the belief that addiction is psychological in nature and that the residential treatment program can reorient the life-styles of heroin addicts. Through various therapeutic techniques such as group and individual counseling, ex-addict role models, and supportive after-care services, it is believed that the addict will develop a drug-free life style.

Within the general TC concept lie a broad range of approaches and perceptions about how best to treat heroin addicts. These treatment approaches are often grounded on the basic beliefs, assumptions, values and experiences of those who are operating a particular drug program. The staff of drug programs, and especially the founders and developers of these programs, often set the parameters of treatment. In order to understand any drug program and its treatment approach, an examination of staff's beliefs and perceptions about heroin addiction is important. On the basis of a questionnaire administered to the NEL staff, a number of these philosophical and perceptual issues are presented.

B. Theories of Heroin Addiction's Causation

If there is one basic agreement among those working in the drug treatment field, it is that no single theory fully and satisfactorily explains the cause of heroin addiction. Social, economic, political, cultural, psychological and biological factors are all thought to contribute in one form or another to addiction. However, the various individual theories and their treatment corollaries have not been tested over time to determine their scientific validity. In the absence of proven causation theories, a brief review of the existing suppositions is offered.

1. "Social Deprivation" attempts to explain drug abuse by relating it to the problems of minorities living in poverty conditions with large families and often lacking family structures. The anxiety, tension and frustration of these living conditions are considered conducive to drug usage.

2. The "Psychological" theory attributes addiction to the unstable mental health of the individual. The drug addict is thought to be an individual whose personal characteristics are most closely related to the sociopathic personality. Some of the characteristics usually attributed to the heroin addict are: low frustration tolerance, need for immediate gratification, extreme unmet dependency needs, sexual immaturity, poor internal controls, and lack of ability to cope with the pressures of a complex society.
3. The "Biological" theory, also known as the Dole-Nyswander theory, suggests that heroin use results in a metabolic alteration in the brain which impels the individual to continue his drug use. This theory is used to explain the extremely high relapse rate among heroin users.
4. The "Social Control" theory is most closely identified with the thinking of certain racial and ethnic minorities. Heroin is viewed as a political and economic tool to oppress third-world people. The availability of heroin in the ghettos and barrios is motivated by the financial interests of a capitalistic society which perpetuates the political alienation necessary to maintain the status quo. Thus, heroin addiction is viewed as a social disease caused by the same ruling class which created the conditions of racism and poverty.

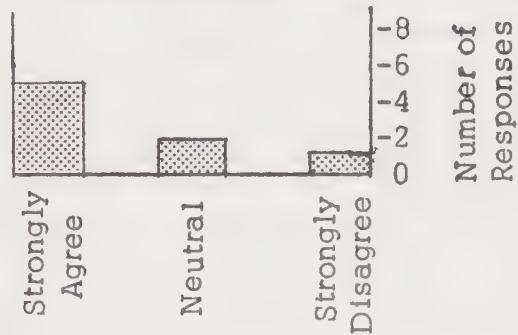
C. NEL's Perception of Heroin Addiction and its Causation

Although most therapeutic communities stress the psychological aspect of addiction, NEL's staff places greater emphasis on the social causation of addiction. Dismissing the biochemical theory and placing minimal emphasis on psychological causation, NEL staff believe that heroin addiction is primarily a by-product of adverse social conditions. Figure 1 below illustrates the staff's orientation toward the social causation theory.

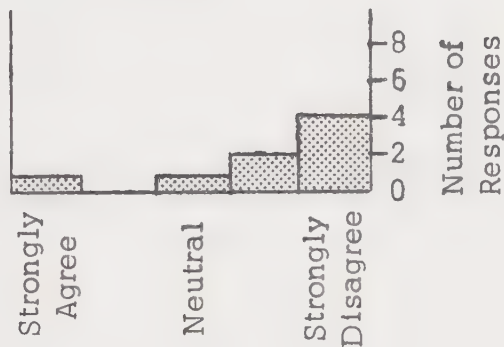
Figure 1

Staff Responses to Statements Pertaining to the Causation of Heroin Addiction

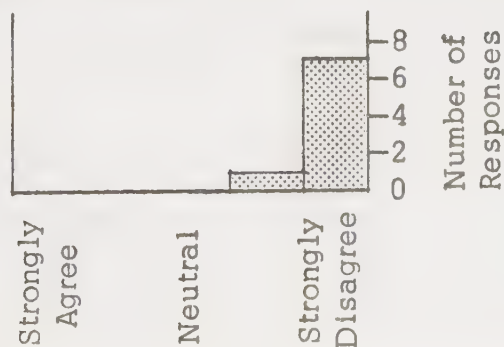
One of the explanations given for heroin addiction is that society creates addicts.



One way of explaining heroin addiction is to say that it is the result of a biochemical process.



It is believed that the reason people become heroin addicts is because they have severe psychological problems.



NEL staff reject the biochemical theory in toto primarily because they view this theory as counterproductive. NEL staff believe that drug-free alternatives to addiction are available and successful. In their view, drug programs such as methadone only replace one form of drug dependency for another.

Though subscribing to the social causation theories, staff felt that at the onset of their own addiction they had not developed a social and political consciousness that would enable them to view addiction in terms of the theories they now hold.¹⁹ Their introduction to heroin and drug addiction often came about through association with and emulation of "veterano" Chicano addicts.²⁰ NEL staff point out that many Chicanos at the initial stages of their addiction are "joy riders" who eventually get hooked. Thus at the onset of heroin usage neither social nor the psychological theories explain addiction. As one staff member commented, "The dude in the street shoots dope because he likes it, he wants to be cool, and be in." Staff feel that the addict's habit maintenance and the concomitant criminal consequences result in radical attitudes and value changes. These are reinforced in the institutional settings of prisons, where the addict's "routine" is easily adapted to prison life. It is at this point that theories regarding social deprivation and control are developed. NEL staff feel that understanding the individual addict in this context is a crucial step in approaching the problem of rehabilitation.

NEL staff also point out that rehabilitation requires a thorough understanding of the environment into which the addict will be introduced upon release from detoxification or prison. Already labeled a "dope fiend" and a criminal, the NEL client faces seemingly insurmountable obstacles to rehabilitation. Regardless of how well the addict responds to treatment, such factors as poor housing conditions, lack of employment opportunities, low educational achievement and racial oppression make for a high probability of returning to heroin use. As one staff member put it: "There are a lot of social problems, and we as Chicanos

¹⁹Most staff members, both at the drop-in center and residential treatment facility, are Chicano ex-addicts.

²⁰The term "veterano" has its origins in the Chicano drug subculture. Addicts who are especially adept at maintaining their habit through "street hustling" are known as veteranos. These addicts are characterized by their stoicism, possessions, fancy clothes and cars; they are always known to have dope and often "turn on" their friends. They are the upper class among the "dope fiends"; they are often respected and emulated by other addicts.

have had to carry that weight all our lives. Heroin makes it so much easier to escape all those pressures and disappointments."

Staff opinion as to what social-psychological traits predisposed individuals to continued heroin addiction varied. Some felt that the individual's not being "in touch with himself" or not being able to "cope with the frustrations of our technological society" were strong factors. One staff member described the addict as someone who had developed "an affinity for a deviant life style". Other staff qualified this remark by stating that heroin dependency and the drug subculture demand that the addict engage in criminal behavior. However, the majority of staff felt that there are unique environmental circumstances which predispose Chicanos to heroin addiction. In support of this concept, experts in behavior emphasize that whatever the psychological stresses of modern life may be, poverty and racism place an additional burden on an individual's life which makes the escape to drugs more likely. It is this recognition that prompted NEL to emphasize treatment within the context of social as well as psychological needs.

D. NEL's Perception of Heroin Treatment

NEL staff considered a wide range of alternatives in developing an approach to the treatment of heroin addiction. However, this solution provided no cure for the individual's drug dependency. Similarly, methadone maintenance merely substituted one drug for another and more recently has been found to result in "double addiction", with methadone increasingly finding its way into "the street".

All staff agreed, on a theoretical level, that bringing about a general reorientation of society's values would be the best solution. One staff member felt compelled to say: "We need to de-emphasize the increased number of drugs that are being put on the market. We teach our young to reach for a chemical whenever they have a mood swing . . ." Realistically, this solution was viewed as being unattainable, in light of available resources and the magnitude of the task. NEL's partial response to a drug-oriented society has been the development of a drug education program geared to reach bilingual and bicultural audiences.

The majority of staff place major emphasis on providing addicts with both social opportunity and individual skills that will enable them to compete more equitably in the social structure. In response to the question of what can be done to deal with the causes of heroin addiction, the NEL staff offered the following suggestions:

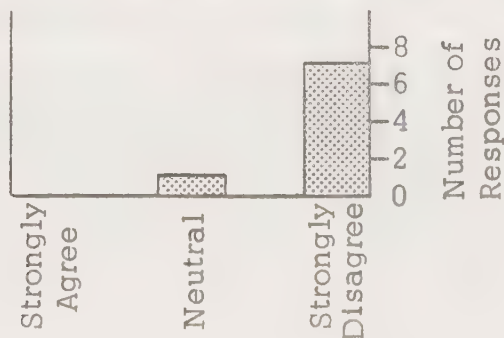
- Education: better teachers, more vocational training, more emphasis on minority culture. Get people off welfare and give them a job. Give them a decent home and livable housing conditions.
- Short range -- more methadone detoxes, more live-in facilities. Long range -- education and employment for persons who have used heroin including an on-going employment service for ex-addicts.
- More opportunities such as education in order for us to teach our Chicano brothers and sisters that there are more things in life than just drugs.

In formulating their treatment theories, NEL staff have attempted to gear their approach to the needs of Chicano clients. Staff felt in assessing these needs that addicts must first be provided a framework which is conducive to helping them to stay "clean". Staff also felt that they had to offer Chicano addicts a program which was both sensitive and relevant to their cultural backgrounds. This was felt to be of extreme importance since Chicano addicts have a history of "splitting" from drug programs that fail to provide a Chicano perspective.

There is a solid belief among NEL staff that more therapeutic communities are needed. The emphasis on more community drug treatment programs is predicated on the staff's belief that TC's are effective in treating heroin addiction. Staff feel that the live-in therapeutic community is most conducive to providing the full range of services needed to rehabilitate the Chicano addict.

Despite the fact that therapeutic communities in and of themselves have not yet demonstrated long-term effectiveness in treating heroin addiction, NEL staff overwhelmingly feel that TC's are effective in treating most heroin addicts. Their response to the statement below underscores this belief:

- TC's are not effective treatment approaches for most heroin addicts.



When asked why TC's are effective in treating heroin addicts, NEL staff emphasized the drug-free living environment, the ex-addict role models, the self-respect and personal growth afforded addicts, and the failure of State efforts such as the California Rehabilitation Center's Civil Addiction Program. One staff member summarized the TC experience as follows:

- In a TC a person is afforded the time, love, and positive and negative feedback necessary for emotional growth. In order to change a person's behavior, he must be able to almost begin as a baby and learn other methods of coping with frustrations. Our clients must not only grow emotionally, they must also be provided with educational and/or vocational training.

Another staff member stated that TC's are effective because they offer an approach that is oriented toward rehabilitation rather than incarceration.

- In a TC addicts feel and are treated like human beings. They identify with each other, especially when they start getting in touch with their feelings. They are respected by others and recognized as other human beings and not as animals.

NEL staff feel that TC's are an effective alternative to institutional treatment. The communal nature of the TC experience allows addicts to share their drug experiences, problems, frustrations, and to learn the reasons behind their addiction. Coupled with the influence of ex-addicts as counselors and role models, the TC is viewed as being an effective environment in which addicts can deal with their drug-related problems.

NEL staff feel that their particular TC is unique because of its orientation toward Chicano addicts. They view their program as being more effective in treating Chicano addicts than other drug programs. Strong identification with Chicano culture and language is seen as being essential to insure the effectiveness of rehabilitation. As one staff member emphasized:

- (It is) primarily the bilingual, bicultural make-up of the program that enables the residents to discard unwanted behavior and at the same time be made aware of the useful and beautiful traditions and values of our culture. They are made to see and feel that their own efforts can and will become a reality, i.e., ex-addict role models, without giving up their nationalistic and cultural lifestyle.

IV. PROJECT ORGANIZATION

A. Overall Organizational Structure

During the first year NEL's Residential Treatment Facility was a component of the CCCJ funded Alameda County Comprehensive Drug Abuse Program (ACCDAP). The latter was a \$2.9 million, county-wide effort at providing the necessary resources and coordination for the prevention, treatment, and rehabilitation of drug abusers. The ACCDAP was under the administrative auspices of the Alameda Health Care Services Agency. Through the ACCDAP, the County of Alameda entered into a third party contract with NEL for the operation of a residential treatment facility.

The County had vested fiscal responsibility for the approval and payment of all claims under the ACCDAP contract within the Health Care Services Agency (HCSA). In this instance HCSA's primary responsibility was to act as the County's fiscal agent. In conjunction with the HCSA, the Regional Office of Criminal Justice Planning (OCJP) and ACCDAP insured that all fiscal and programmatic requirements of the NEL third party contract were being met.

For purposes of analysis the overall organizational structure may be divided into two functional components: fiscal and programmatic relationships. As can be seen by the lines of authority in Figures 2, 3 and 4, control and accountability for fiscal matters are somewhat different from those of programmatic matters. These differences in administrative structures caused confusion at times, particularly in the fiscal area.

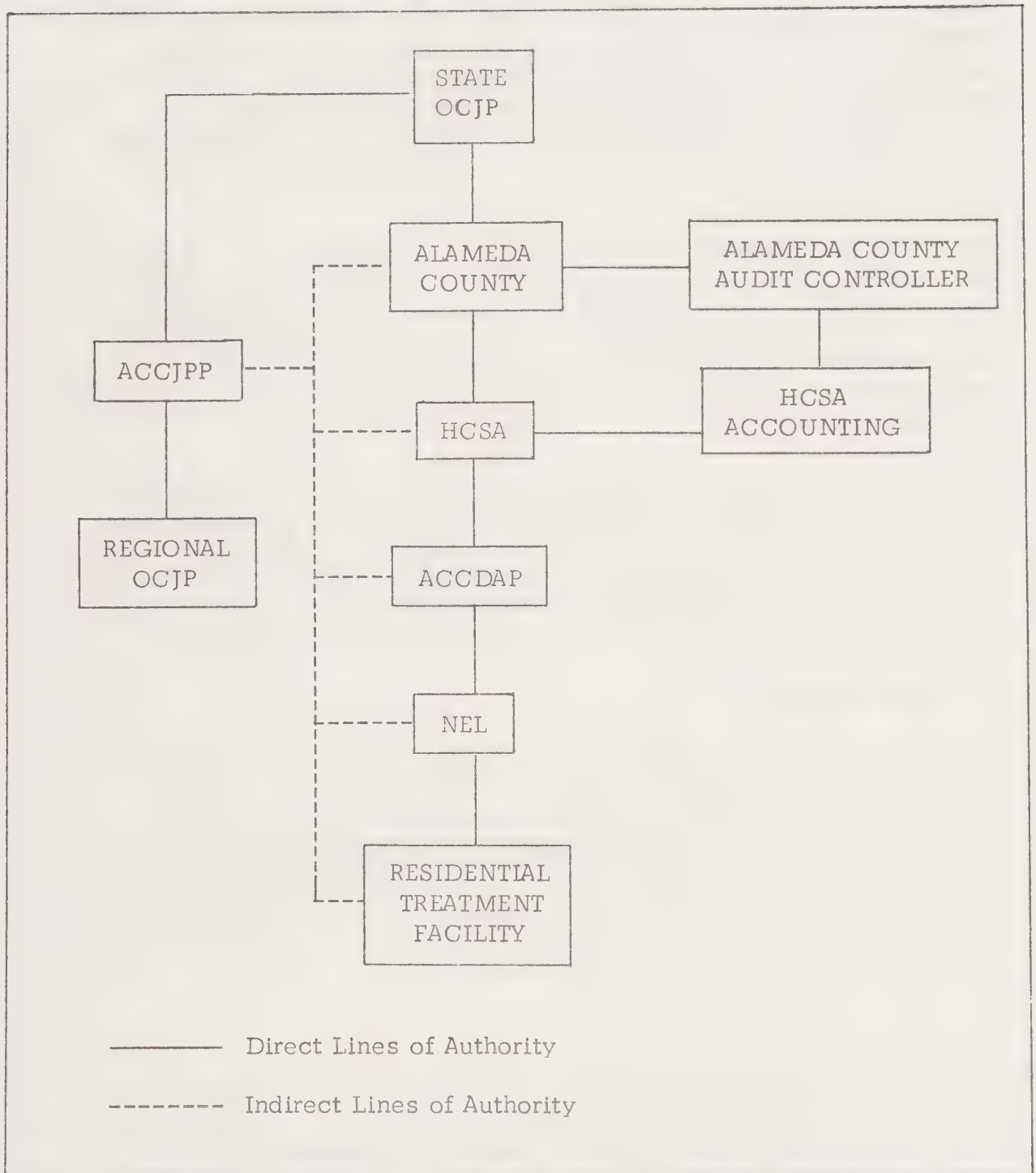
1. Fiscal Structure

During the project's first year the Health Care Services Agency, County Auditor-Controller, ACCDAP, Regional OCJP, and NEL, all assumed partial responsibility for various fiscal functions (see Figure 2). Consequently, the operational question of who did what to insure fiscal integrity became problematic especially when the question of where one agency's task began and another's ended had not been set to policy.²¹ This lack of definition was the result of a combination of factors:

²¹A similar conclusion was reached in an evaluation study of the coordination process of drug programs under the aegis of the ACCDAP. The evaluation study notes that in Alameda County "coordination is perceived to be a responsibility shared by several agencies and/or individuals. Therefore, the line of authority and responsibilities for coordination are difficult to identify..." in JRB, Cluster Evaluation of Narcotics Coordination Projects Including County-Wide Comprehensive Narcotics Projects, 2-1 (1974).

Figure 2

First Year Fiscal and Contractual Structure



- HCSA's inexperience in administering CCCJ grant
- Lack of Regional OCJP staff to effectively monitor CCCJ projects
- State OCJP's lack of direction in providing comprehensive fiscal guidelines and regulations
- ACCDAP's administrative overextension
- NEL's unfamiliarity with CCCJ and County fiscal procedures
- Unavailability of fiscal technical assistance at the project level

The lack of definition among the various parties charged with insuring fiscal integrity resulted in the project getting "caught in the middle" on a number of occasions. To cite a few examples:

- a. The County's \$25,000 matching requirements presented complex fiscal problems. A minimum matching contribution of \$25,000 was provided by the County through General Assistance payments to residents of various other drug programs throughout the County. These monies are not allowable as match if the particular drug treatment program is also receiving funding from other Federal sources for the same clients. Neither the County's Audit-Controller nor the Regional OCJP were able to resolve the question of dual compensation. The matter was eventually settled when the Regional OCJP convinced the State OCJP to "waive" the match requirement for the project because of overmatch in another local project which was in the same "program category."
- b. The project's purchase of a van bus with private funds came under scrutiny when the ACCDAP decided to use the purchase for matching purposes. It was determined that "proper" bidding procedures were not adhered to. Upon investigation it was discovered that project staff were not aware of CCCJ Fiscal Affairs Guidelines. This was due in large part to failure of agencies to provide training to staff regarding formal bidding procedures and other fiscal guidelines. The project's administrative assistant reported that she did not receive a CCCJ Fiscal Affairs Manual until the tenth month of the project year.

It is surprising, with all the confusion and lack of definition over fiscal roles and responsibilities, that the resultant "fiscal management by

experience" produced such few fiscal problems. This can be attributed in part to the ACCDAP Director who provided much assistance in developing the project's fiscal format and reporting schedule. In addition, credit must be given to the project's administrative staff, both of whom are ex-addicts with no prior fiscal management experience.

During the second year project sponsorship was transferred to the County's Probation Department (see Figure 3). It was expected that this transfer would improve the effectiveness of project management. The Probation Department had designated a supervisorial liaison to interface with the project. The duties of the liaison have been defined by the Director of Probation Services to include the following:

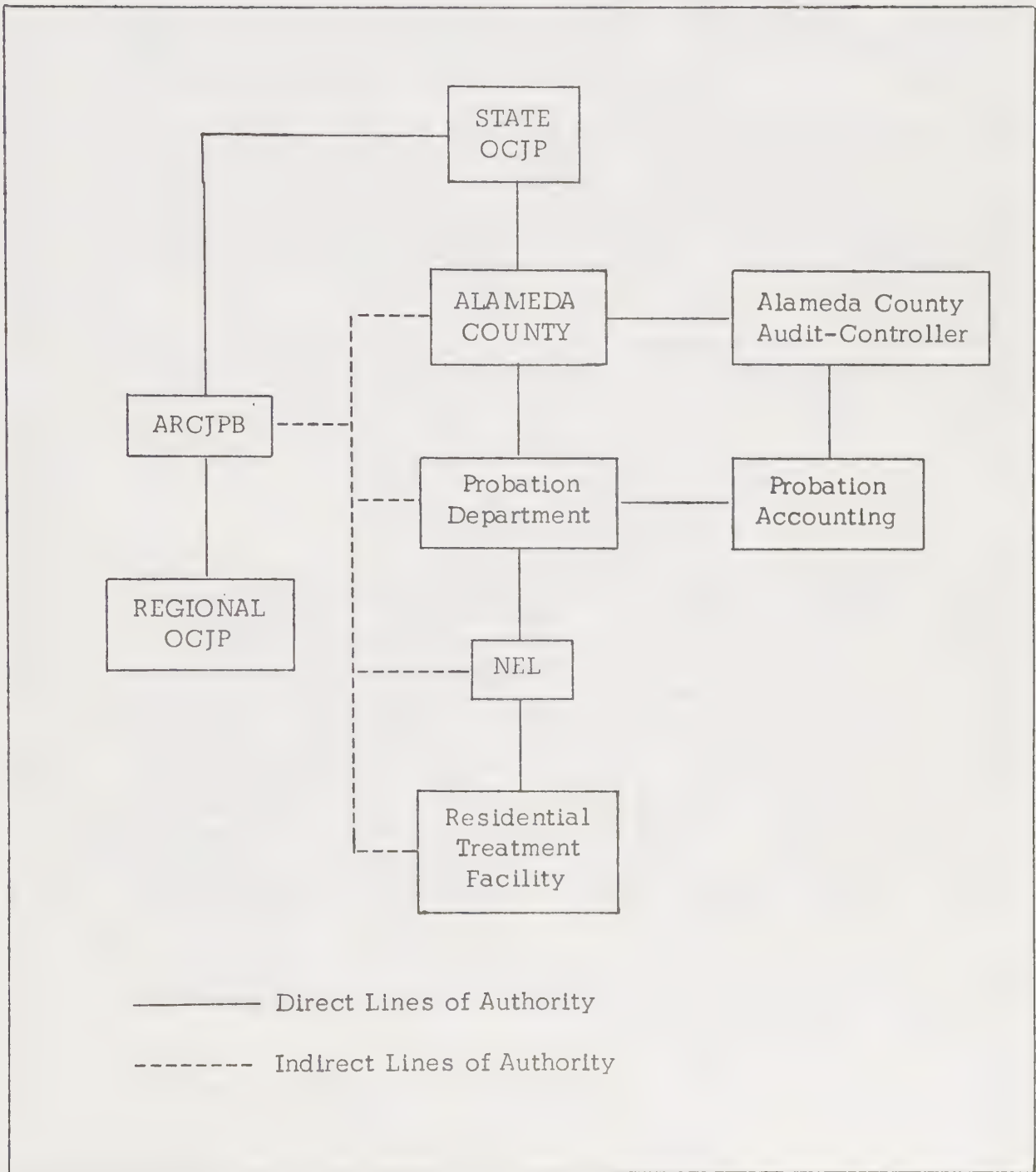
- Technical assistance
- Facilitate referrals
- Observe project for contract compliance
- Represent County in contract negotiations with the OCJP, and NEL

To insure that liaison functions do not overlap with those performed by the Regional OCJP staff, close coordination was required. Regional OCJP staff met with Probation Department representatives several times to define mutual roles and responsibilities.

However, from NEL's point of view, the working relationship between OCJP and the Probation Department has not been as successful as was anticipated. Differences between the two agencies arose over third party contract stipulations imposed by the Probation Department. In addition, numerous problems relating to NEL's second and third year budgets were aggravated because of communication problems and "territorial imperatives" between the agencies. The functions of OCJP and the Probation Department vis-a-vis NEL continue to be blurred. As a result NEL finds itself in the quandary of having to speculate which agency has primary responsibility in various fiscal and administrative areas.

Figure 3

Second Year Fiscal and Contractual Structure



2. Program Structure

The program structure is rather straightforward. The primary units assuming responsibility for and having an effect on programmatic aspects are limited to the Regional OCJP, NEL and Criminal Justice agencies. The Health Care Services Agency and Probation Department, acting as the administrative units on behalf of the County, are only marginally involved in the day-to-day activities of the project.

The Regional OCJP involvement is based on its grant management function and its contractual obligation to evaluate the effectiveness of NEL's residential program. The Regional OCJP exercises no direct control over the project. It merely acts as an agent of the State OCJP to insure contract compliance. However, while its function is limited to an advisory role, its recommendations are acted upon in many instances.

The criminal justice agencies, e.g., courts, parole, probation, etc., are the principal users of the project's services. The residential treatment facility contract states that the project is an

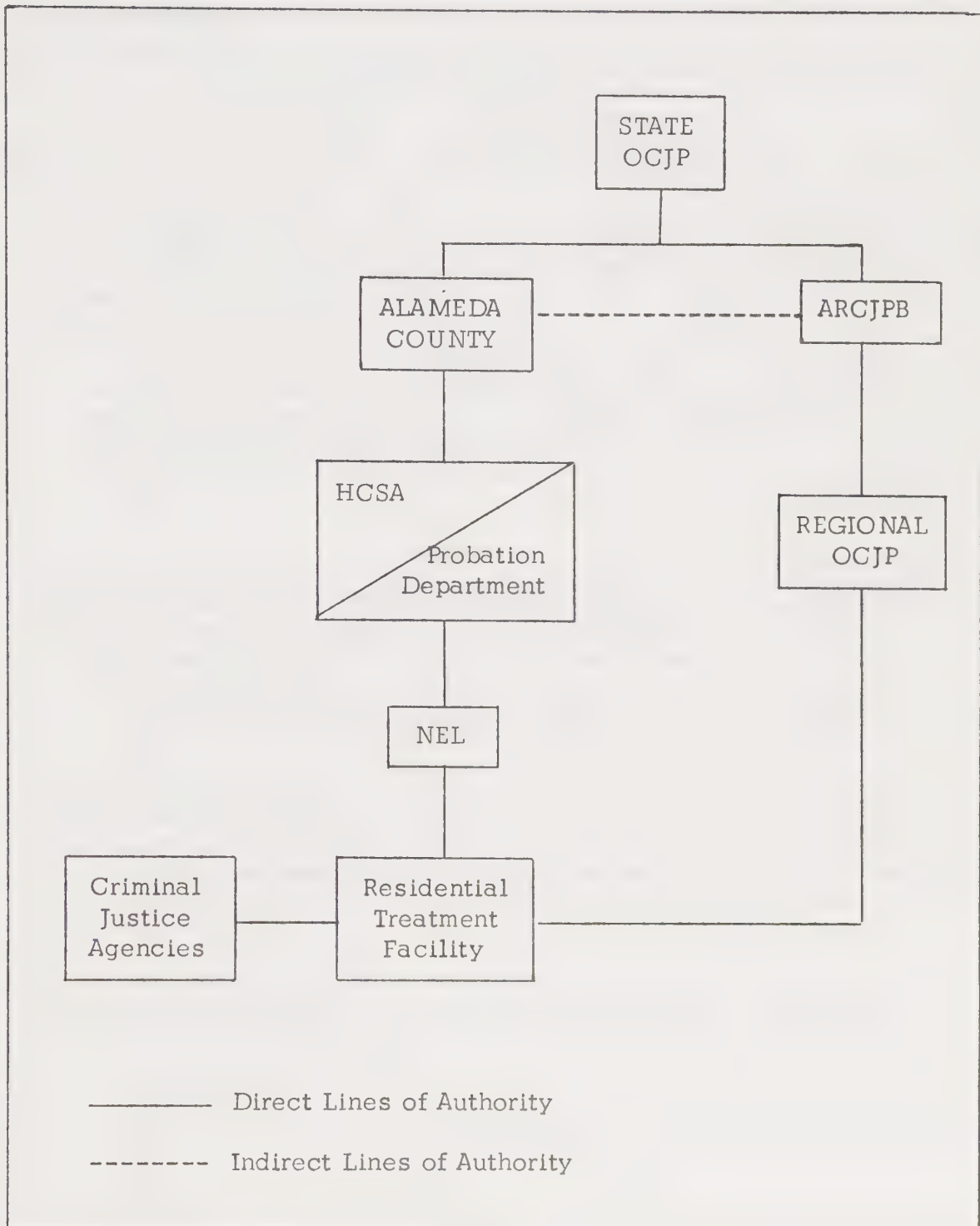
"alternative to the criminal justice system which may be used by the courts, probation, and parole to refer hardcore drug addicts".²²

Because they are the primary users, criminal justice agencies exercise considerable influence over client referrals. The project is dependent on the responsiveness of these agencies in providing the necessary level of client activity specified in NEL's contract. During its early months the project experienced difficulty in obtaining the necessary client referrals to maintain a "full house". This was due in part to the newness of the project and the particular clients the project was soliciting -- "hard core" Chicano addicts who often had long histories of criminal justice involvement and repeated failures in residential treatment projects. Under these circumstances, referral by the courts or probation became problematic. The project was finally able to overcome some of these difficulties through an effective "public relations" effort.

²²Office of Criminal Justice Planning, CCCJ Proposal No. 401-2B, at 13 (1972).

Figure 4

First and Second Year Program Structure



B. N.E.L. ADMINISTRATION

1. Board of Directors

Narcotics Education League, Inc. is a private non-profit corporation which operates under a set of by-laws and articles of incorporation, wherein Board authority is broadly defined:

"the affairs of the corporation shall be managed by its Board of Directors."²³

Membership to the Board is open to regular members, the latter being all persons who are "interested in furthering the objectives and goals of the corporation,"²⁴ and who make formal application for membership. NEL has a total membership of twenty-two. The election of the Board of Directors is held at the annual meeting of the regular membership. Nominations for the Board are entertained from the floor. After nominations are closed an election by ballot is held. Those nine members receiving the highest number of votes become the Directors of the Corporate Board for the ensuing year.

Officers of the Board consist of a Chairperson, Vice-Chairperson, Secretary, and Treasurer. The officers are likewise nominated and elected from the floor at the annual membership meeting. A majority vote is necessary for election. Since the election of officers is held separately from that of the Board, the Board membership consists of ten rather than nine members.

The membership of the Board of Directors includes representatives from the business and professional community, government, police and corrections agencies as well as private citizens. The majority of the Board is from the Mexican-American community, and some have previous experience in operating community-based social action programs.

Beyond the broad range of authority specified in NEL's By-Laws, functional responsibilities have not been defined at various levels

²³Narcotics Education League, Inc., By-Laws, 2 (1971).

²⁴Id., at 1.

of the organization. The general membership has been given no responsibility other than the nomination and election of the Board and its officers. The general membership meetings which are held annually have in fact been combined with the regular monthly Board meeting. Last year's meeting was cancelled because of lack of membership involvement.

The general membership has been described by one staff member as a "group of people interested in helping NEL". The effective involvement of the general membership has not materialized, primarily due to a lack of definition regarding the extent and type of help required and to their limited ceremonial function of electing Board members. The full potential for the general membership concept has not been explored by the Board of staff. The increased involvement of individuals and organizations at various levels would not only increase the visibility of NEL but could also provide an additional source of revenue.

As in the case of the general membership, the rules and responsibilities of the Board of Directors are likewise ill-defined. However, unlike the general membership, the Board assumed an active part in developing its functional responsibility. As a result, a struggle for ascendancy occurred between the Board and the Project Coordinator.

A newly formed organization such as NEL has the potential for internal disruption when project components are still unshaped and ways of working together between Board and staff are not yet established. With numerous program policies to be decided, the Board took an active role in developing what it thought to be an effective residential treatment program. To begin with, the Board (1) established a personnel committee to screen and hire all project staff, (2) mandated the coordinator to provide specific services to clients, (3) directed the coordinator to upgrade his administrative skills, and (4) insisted that major policy decisions are the exclusive function of the Board, not the staff. With the increased assertiveness of the Board, and the feeling on the part of the project coordinator that the Board was increasingly encroaching on day-to-day staff and program activities, communications between the two deteriorated.

The continued friction between the Board and project coordinator eventually came to a dramatic confrontation. A disagreement had developed between several Board members and the Project Coordinator over organizational direction and administrative capabilities. Several Board members felt that the organization was growing too fast and that the Project Coordinator was lacking in administrative skills. In contrast, the Project Coordinator's position was that of wanting to expand organizational activities for the purpose of serving more clients. The Coordinator also felt that, although his

administrative capabilities were weak, they were improving. At issue was the fundamental question of who controlled the organization. The Project Coordinator and staff felt that they were more capable of identifying the needs of addicts in a total program setting; therefore, they felt that staff should determine project direction. The Board in turn saw itself as a policy-making body, not as an advisory "rubber stamp" for staff actions. Unable to resolve these fundamental issues of control, several Board members requested the resignation of the Project Coordinator. When he refused to submit his resignation, half the Board members, including the chairperson, submitted theirs in turn.

Although admitting that the Board's criticism was valid in certain areas, the Coordinator blames most of the administrative problems on the Board's lack of sensitivity and inability to understand the heroin addict in a treatment setting. Exemplifying this attitude is the statement made by the Coordinator: "these people (Board members) don't understand dope fiends, and never will."

Subsequent to the en masse Board resignation, the Project Coordinator established himself as the chairman and reconstituted the Board by appointing staff members. A new Board comprised of more "cooperative" individuals was established in August, 1974. At this time staff resigned their membership on the Board.

This type of management style, where unity of thought is so over-riding that in-group cohesiveness becomes the primary concern, is self-serving and destructive to the long range goals of the organization. The administrative staff must begin to understand and accept their role and limitations in the organizational structure. Differences of opinions and views must be accommodated and resolved within established procedures. Policy decisions must be deferred to the Board, while day-to-day project operations must be under the control of the Project Coordinator.

The administrative problems faced by the project are not atypical. "Grass roots" community-based drug programs are often beset with administrative difficulties because of their aversion to traditional organizational structure. While it is recognized that programs such as NEL are not traditional social service agencies and that they do not need to become overly bureaucratized, the need for certain organizational and administrative guidelines are necessary in order to insure operational effectiveness and accountability.

2. N.E.L. Staff

The project consists of six staff members, all of whom are bilingual in Spanish and English. The project consists of a project coordinator, administrative assistant, court liaison, house manager and two counselors. All staff are full time employees. The duties of staff are as follows:

- Program Coordinator - The coordinator is responsible for the overall supervision, development and coordination of the residence in compliance with grant conditions. He is responsible for establishing client screening procedures, providing ongoing training of staff, developing new sources of funding and on-going program evaluation, maintaining accurate records and setting up bookkeeping functions, establishing communication and coordination with local agencies and institutions and private businesses, effecting good community relations, and carrying out policy established by the Board of Directors of the Narcotics Education League.
- Program Administrator - The Administrator in the absence of the coordinator performs the duties of coordinator. The administrator assists in the coordination of all program services, is fiscal officer for the project (budget, purchasing, payroll), oversees office procedures, and maintains liaison between the residential facility and the drop-in center.
- House Manager - The House Manager is charged with the prime responsibility for all program activities within and directly revolving around the "Canton",²⁵ for arranging for psychological testing and evaluation when scheduled, and for developing and coordinating the group and individualized treatment plan with the counselors. The house manager must provide for the maintenance and upkeep of the physical plant and property with special regard for residents' health and safety. The job also includes organizing residence work teams to accomplish maintenance, arranging the planning and preparation of meals, assisting residents to keep all court dates, assisting in organizing counseling programs, and

²⁵The term "Canton" is used when referring to the residential live-in facility. Its English translation is house.

making regular reports on residents' progress and reports on those who terminate or simply leave the residence. The House Manager is a live-in position.

- Court Liaison - The Court Liaison's duties include maintaining contact between the residents and their probation officers or parole agents; writing necessary reports on individuals' status and progress in the program; accompanying residents for their court appearances; being accessible and responsible to the court and to the project to provide recommendations for dispositions and updating the legal status of the resident.
- Staff Counselor - The staff counselor is required to live in the residence facility and be on call 24 hours a day. The counselor provides ongoing counseling of residents under the supervision of the house manager; he/she participates in case conferences; completes weekly evaluation of residents' progress; provides assistance to the house manager in maintenance and upkeep of the Canton; and performs other duties as assigned by the house manager. There are two counseling positions.

All staff members are Chicano and ex-addicts (see Table 1). The majority of the staff have less than a high school education; only two of ten have graduated. The majority of staff have participated in drug training seminars at the Institute of Social Concerns located in Oakland. These training sessions, entitled "Basic Orientation in Drug Abuse Issues", covered such areas as psychological, physiological, and pharmacological effects of drugs; legal issues involved in drug usage; and general discussion of issues in the drug abuse field. The course also included on-site visits to several Bay Area drug treatment programs.

Many of the staff have first hand experience in "family type" drug treatment programs, e.g., Mendocino and Preston Family. These programs are somewhat different from the "Synanon" type program, in their therapeutic techniques and community contact. Staff bring with them 98 years of experience in drug treatment programs; 31 years as staff members and 67 years as patients.

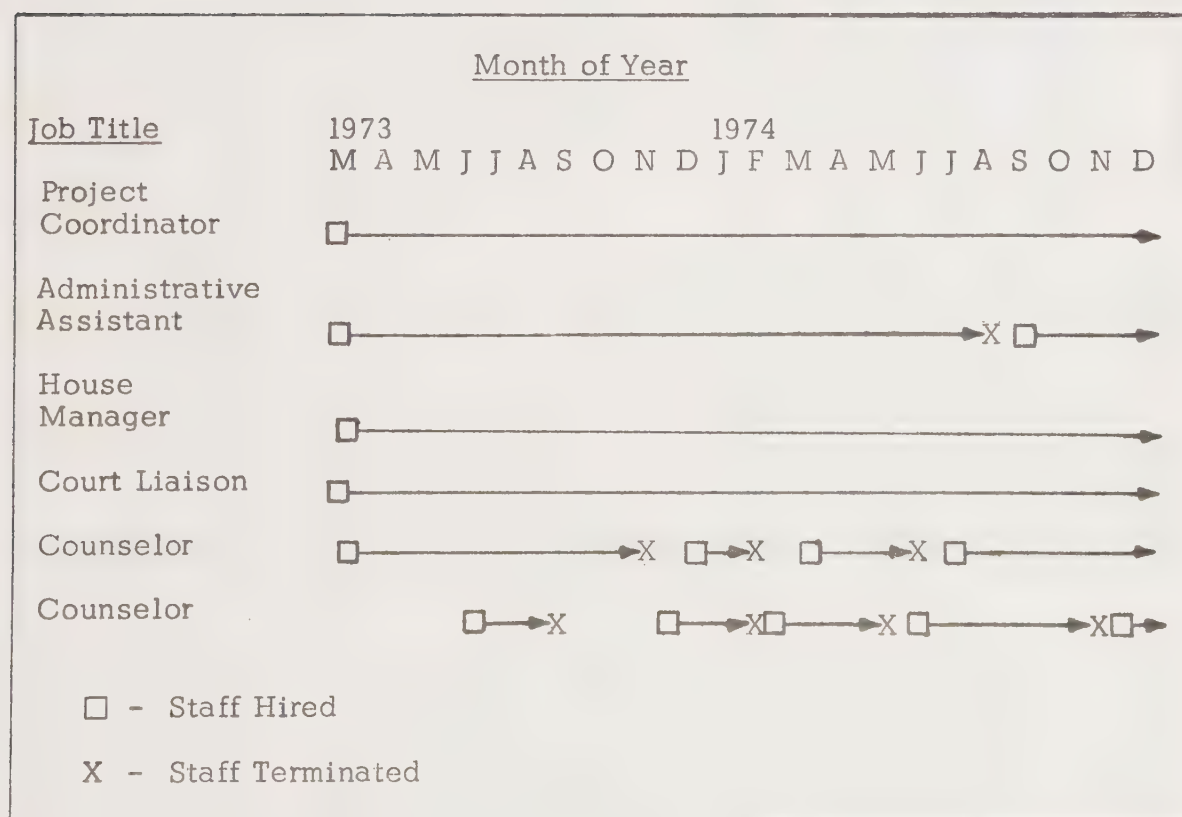
Table 1
Staff Characteristics
 (1st year only)

<u>Title</u>	<u>Ethnicity</u>	<u>Sex</u>	<u>Education</u>	<u>Ex-Addict</u>	<u>Experience in Drug Programs</u>	<u>Years Experience in Drug Treatment Programs</u>	
						<u>Staff</u>	<u>Client</u>
Director	Chicano	M	10th Grade	Yes	Mendocino Drug Program Inst. for Social Concerns	6	13
Admin. Asst.	Chicano	F	G.E.D.	Yes	Mendocino Drug Program Inst. for Social Concerns	5	8
House Mgr.	Chicano	M	11th Grade	Yes	Inst. for Social Concerns	2	2
Court Liaison	Chicano	M	11th Grade	Yes	Inst. for Social Concerns	5	18
Counselors							
	Chicano	M	H.S.	Yes	Awareness House Training Ctr.	3	6
	Chicano	F	10th Grade	Yes	Metro Training Drug Program	1	2
	Chicano	F	9th Grade	Yes	NEL Volunteer Inst. for Social Concerns	1	1
	Chicano	M	9th Grade	Yes	Preston Family Inst. for Social Concerns	2	3
	Chicano	M	11th Grade	Yes	Mendocino Family Inst. for Social Concerns	4	10
	Chicano	M	10th Grade	Yes	Martinez Discovery Center Inst. for Social Concerns	2	4
TOTAL						31	67

There have been several changes in counseling personnel (see Figure 5). The two regular counseling positions have been filled by nine different persons. On the average, these counselors have been employed for four months. It is difficult to imagine how the program can maintain adequate continuity with turnover among counseling staff occurring every four months. The turnover rate is due in part to the extremely low salaries received by counselors. The first year salary of \$400.00 per month and the second year rate of \$450.00 per month does not offer much of an incentive to stay with the project if other employment opportunities exist.

Figure 5

Project Personnel



D. Recommendations

Consistent with the findings and conclusions of this section, the following recommendations are set forth:

- With the shift of sponsorship to the Probation Department, it is incumbent upon NEL to establish an adequate working relationship with this agency. It is recommended that the project coordinator and the chairperson of the board meet with Probation Department administrators to establish systematic procedures for information transfers and feedback. NEL must also develop more aggressive outreach activities to make larger segments of the criminal justice system aware of its activities and accomplishments.
- It is recommended that a concerted public relations effort be undertaken by NEL to foster better relationships with all segments of the Spanish speaking community. Broad community support must be generated to insure the project's long-range survival. It is felt that the principal problem is one of communication, education and direction. It is suggested that the NEL's new Board of Directors take the initiative to resolve some of the factionalism which has arisen as a result of the split with the original Board of Directors.
- It is recommended that the Board of Directors assume broader responsibility in determining organizational direction and purpose. It is suggested that the Board of Directors assume the posture of a political, policy-making force. As such, the Board should be comprised of individuals who have broad community representation and political legitimacy and power.
- It is recommended that the roles and responsibilities of the Board of Directors be clearly articulated and specified. This should include (1) the reexamination of organizational goals and objectives, (2) definitions of specific tasks the Board should perform and time tables for such activities, (3) delineation of areas of responsibility between the project administration and the Board, and (4) the establishment of functional Board responsibilities in such areas as fund raising, community relations, personnel practices, organizational performance, policy and procedural changes, etc.

- It is recommended that the Board of Directors establish an executive committee to conduct the business of the organization between meetings and that a number of standing committees be formed to support the overall functions and activities of NEL. Any changes in Board composition or functional responsibility should be reflected in the form of by-law amendments.
- It is recommended that the purpose and function of NEL's general membership be reassessed. Clearer definition and specificity must be given to the roles and responsibilities of the general membership. It is suggested that several categories of membership be established allowing for agency and individual representation. It is also suggested that the membership be integrally involved in establishing the overall goals of the organization.
- It is recommended that the Project Coordinator's responsibilities be limited to the administration and leadership of the residential program and drop-in center. Responsibilities assumed by the coordinator in program expansion, fund-raising, community organization, agency public relations, etc., should be delegated to the standing committees of the Board of Directors.
- It is recommended that the Probation Department and the Regional OCJP develop a clearer and better understanding of the grants management function as it pertains to NEL. It is suggested that the Probation's Liaison function be clarified so that duplication of activities is minimized. It is also suggested that the Probation Department submit any third party agreements to the Regional OCJP for review and comment prior to execution.
- It is recommended that the salaries of the Counselors be augmented. Funds should be sought from private or public sources. In the event that additional funds are unobtainable, budget revisions in the OCJP contract should be made to reflect a salary range comparable to that of the County's Addict Specialist position.

- It is recommended that NEL place a moratorium on expansion into new areas of drug abuse. Any expansion or development should be internal rather than external. A critical examination of present policies and procedure should be undertaken to strengthen existing services and to improve the overall effectiveness of rehabilitating heroin addicts. To this end, it is suggested that specialized and intensive training be provided for staff in order to improve their job performance.

V. PROJECT COMPONENTS

The Narcotics Education League's Residential Treatment Facility Project consists of seven basic components.

A. Basic Components

1. The contract component is the first stage of the program and is operated exclusively out of the drop-in center. The drop-in center is a conduit to the residential treatment program. The two facilities are located in different parts of Oakland and perform different functions. The drop-in center serves primarily as an outreach, information and referral component. The residential facility, in turn, is an adjunct, a short-term, live-in program for heroin addicts.

An addict contacts the program in a variety of ways. The drop-in center receives many letters directly from incarcerated addicts requesting assistance in finding a drug-treatment program upon release from prison. Family members of addicts also contact the drop-in center requesting assistance for various needs, such as placement in a residential treatment program or obtaining letters of recommendation to parole boards. The project has established formal client referral procedures with the several components of the criminal justice system:

- Alameda County Municipal and Superior courts
- Santa Rita Rehabilitation Center
- Alameda County Probation Department
- California Department of Corrections
- Treatment Alternatives to Street Crime (TASC)

These criminal justice agencies are the primary sources for client contact. In addition, a variety of community-based diversion programs, social service agencies and other drug programs refer clients to the project. The project's referrals are not limited to the sources cited above. A remarkable grapevine has enabled the project to identify and contact Chicano addicts in state and local correctional institutions prior to their release and to assist them in making arrangements for their community reintegration.

During the period of March 1, 1973, to February 28, 1974, the drop-in center received over 6,600 contacts. Contacts are generally defined as any request for information and services. The numbers of contacts which result in admission to the residential facility are a small portion of the total

contacts. During the first year, of the 6,000 contacts only 58 addicts were admitted to the residential program.

The criminal justice system is the principal referral source of addicts admitted to the residential treatment facility. Over sixty percent of all referrals are from the courts and correctional agencies (see Table 2).

Table 2
Client Referral Sources

SOURCE	NUMBER	PERCENT
Courts	12	20.7
Probation	11	19.0
Parole	9	15.5
Other drug Programs	7	12.1
NEL staff	5	8.6
Santa Rita	3	5.2
Other	2	3.4
TOTAL	58	100.0

In compliance with its CCCJ contractual obligation, the project has a policy of giving preference to clients who are:

- a. referred by local criminal justice agencies, and
- b. Alameda County residents

Regardless of the nature of the referral, the addict is required to visit the drop-in center for an interview and orientation before he can be admitted to the residential program. No referrals are made directly to the residential program. All screening and interviewing for referral to the residential program are done through the drop-in center.

2. The interview component consists of two parts. The first interview, held at the drop-in center, is essentially a perfunctory screening process. Each addict coming into the drop-in center is required to complete an initial intake form. This is done with assistance from a staff counselor. Upon completion of the intake form the addict is interviewed and screened by the staff of the drop-in center. The interview is often conducted by the drop-in center manager, one staff counselor and the project coordinator. The interview process seeks to determine what the addict's perceived needs are and what particular services NEL can provide in meeting those needs. NEL staff attempt to alleviate the addict's anxieties about the interview process, while at the same time probe to determine the degree to which the addict is committed to working on his/her drug-related problems.

The interview is a particularly critical and difficult process, especially when most addicts are criminal justice referrals. The diversion of addicts into community-based correctional programs carries with it the onus of involuntary placement. Given the choice between incarceration and treatment the addict will often select the latter simply because it is a lesser form of punishment. Rather than making a decision on the basis of his/her rehabilitation needs, the addict chooses the least punitive alternative. In fact, a salient feature of heroin addiction is the addict's denial that he/she has a drug problem.²⁶ As a result NEL is faced with the difficult choice of accepting addicts who are not primarily motivated to change their drug habits but rather to do "jail-time" in a "comfortable" setting. In the process of determining whether the addict would indeed want treatment rather than "jailing" in a program, NEL staff explore the following areas with the addict:

- nature and extent of heroin involvement
- motivation to stay clean
- identification with "Chicano values"
- "street reputation"
- prior treatment experiences

The interview is for the most part conducted in "Calo" an Americanized version of the Spanish language. As part of the interview process NEL staff orient the addict to the uniqueness of an exclusively

²⁶Survey conducted by TASC evaluation team of known opiate users in the Alameda County Sheriff's Detention Facility revealed that 58 percent of the respondents thought that they did not have a drug problem, see Waldorf, et al, The First Year Evaluation of the Alameda County Treatment Alternatives to Street Crime Project 56 (1974).

Chicano program, run by and operated for the benefit of the Chicano community. In addition the drop-in center's services are explained to the addict. The latter include direct services such as out-patient counseling and crises intervention as well as indirect services such as information and referral. The addict is also given an overview of the residential program.

The decision as to whether the addict needs a short-term residential treatment program is reached by consensus between the addict and the staff. If the addict feels that he wants a different drug program, NEL staff provide all the necessary information and referral services.

Regardless of whether or not the live-in program is suitable for the addict, a staff determination is always made as to whether the addict needs detoxification. If detox is required the addict is referred to the county's detoxification unit.²⁷ NEL staff are usually able to have a client admitted into a detox facility within 24 hours.

Detox at the county's facilities takes seven days. Out-patient detox is also available but given less emphasis by NEL staff. The staff does not allow addicts to detox via "cold turkey" at the drop-in center. All detox is referred to the appropriate medical facilities. NEL staff provide all necessary supportive services to facilitate the detoxification process, e.g., make detox appointment, provide transportation to and from detox facility, etc.

If detox is not required or after the completion of detox, a second and more intensive interview is conducted. This second interview also takes place at the drop-in center; however, unlike the first, it involves the residents of the live-in program. Clients who are in the "Familia" stage of the treatment process join the combined staffs of the drop-in center and the Canton. This session is designed to gain additional information about the addict and further test his/her motivation to "stay clean".

This session is normally very intense and may take several hours. In the process the addict is continually confronted with past negative and "dope fiend" behavior. In many instances Familia or staff members know the addict personally through their previous drug involvement. This firsthand knowledge of the addict's life style places additional pressure on the addict during the interview process. Screening members often point out specific examples of

²⁷During the course of this evaluation, the County's only detoxification unit was expanded to two programs, one located in Northern Alameda County, the other in Southern Alameda County. The daily bed capacity for detox was thereby increased from 23 to 30.

the addict's manipulative and "gaming" street behavior. During the course of the screening a few addicts leave because of the intense pressure of the situation and the requirement that basic values and feelings be expressed openly and honestly. Every addict who completes the entire screening process is admitted to the Canton. Rather than having staff and Familia members exclude the addict on pre-established criteria, the screening serves as a self-deselection process. In cases where there are strong reservations about the addict's motivation and ability to "fit" into the Canton, the interview process becomes particularly poignant.

The only a priori criteria for ineligibility to the Canton is if the addict is known to be intimately involved with or married to an addict presently living at the Canton. It is felt that such involvement will not allow the individual to fully concentrate on his/her own behavioral problems. Close relationship with a member of the opposite sex would create additional frustrations, since staff do not allow sexual activities between residents.

3. The treatment component consists of several stages.

The first of four stages that the addict may pass through while he is at the Canton is known as the Candidacy stage. This stage requires a minimum residency of thirty days. It is during this part of the program that addicts often make the decision as to whether they want to seriously alter their drug-dependent life style. Hopefully this decision is made at the time of referral; however, in reality most addicts do not enter a drug treatment program with the intent or hope of permanently abstaining from opiate usage.

During the candidacy stage the addict must adhere to certain requirements which are unique to this stage. They include the following:

- write an autobiography,
- no passes for 30 days,
- complete a collage,
- no outside contact for 30 days (one letter or phone call to explain).

The contact and pass restrictions are imposed for the purpose of isolating the addict from his previous "dope fiend" environment. It is felt that in order for the addict to come to grips with his negative lifestyle he/she must not be contaminated by the environment from which he/she came, particularly friends who are addicts or who have access to heroin. The isolation also serves to involve the addict completely in the Canton and its activities. The history of

the TC experience has shown that the first thirty days are often the most crucial. It determines whether the craving for heroin is out-weighed by the desire to stay clean. In fact, most addicts relapse to opiate usage because of feelings of anxiety, depression, and craving; these feelings are strongest during the early stages of treatment. During its first year NEL experienced the reality of this addict behavior. Twenty-nine of the clients admitted to the Canton remained fewer than 30 days.

The writing and collage assignment serve to provide the staff with additional insight into the addict's self-perception, drug-related problems, and rehabilitation needs. In addition to the special stipulations placed on candidates, they are required to participate in all Canton activities. These include individual and group counseling sessions, educational seminars, recreational and social activities, etc.

The candidate is also assigned to one or more "Industrial Therapy" (IT) committees. These committees exist for the purpose of carrying out the day-to day activities of the Canton, e.g., kitchen, laundry, silkscreening. Candidates are usually given assignments with lower status and responsibility. The committees' work is usually coordinated by a "Familia" member. In an attempt to transform the "dope fiend" behavior which is so often destructive to personal growth, NEL staff view the IT assignments as developing interactional and socialization skills. IT assignments are viewed as developing areas of behavior which are lacking among many heroin addicts. Behavior such as: (1) accepting responsibility and completing assigned tasks, (2) cooperating and sharing in the performance of pre-assigned duties, (3) relating to people in a non-manipulative way, and (4) teaming to give support and assistance to other people in their work assignments.

The candidacy stage serves to expose the addict to the basic Canton activities, rules and concepts. It is also a period during which individuals begin to make a commitment toward developing a drug-free lifestyle. This commitment is crucial if the addict is to advance in the hierarchy of the treatment structure.

During the candidacy stage the addict is allowed to find his own level and degree of involvement within the program. At this stage

an addict is expected to "get in touch with his/her feelings," and to begin to realize the self-destructiveness of opiate addiction. The addict is encouraged to interact with people in ways which are non-manipulative and non-exploitative, to assume some responsibility, to cooperate with others in the achievement of a common purpose, and to experience the common and every day behavior of sharing and existence in a complex society. These experiences, which many "straights" take for granted or consider mundane, are in fact the antithesis of the "dope-fiend's" life style.

The candidacy stage also serves to further expose the addict to the NEL's treatment modality. That modality is an amalgamation of traditional therapeutic concepts, such as transactional analysis, attack therapy, psychodramas, and synanon games, with Chicano values and tradition. At the heart of NEL's therapeutic concept is the value of respect. Unlike other programs such as Synanon and Delancy Street, addicts are not subjugated to ridicule or belittlement. There are no shaven heads, diapers, dunce caps, bibs, or any other symbolic forms which connote a status of lesser dignity than that which is generally afforded to adults. The need to maintain one's self-worth and respect is of particular importance to Chicanos. As such, NEL staff not only reinforce the self-respect of addicts but they attempt to link that respect to a positive set of cultural values. These values are strengthened through, among other things, bilingual counseling, Mexican diet, and Chicano-oriented education and history seminars.

An addict is expected to remain at the candidacy stage for a minimum of 30 days. Any time thereafter an individual may apply for admission into the "Familia". Prior to admission the candidate must complete an essay as to why he/she wants to be a Familia member. This essay must include a personal goal statement and the details for reaching the stated goals. The Familia committee reviews and screens the applicants to the Familia. The committee consists of residents who are at the Familia stage of treatment. The screening itself is a somewhat formal process. Each candidate is given a hearing at which time Familia members make an assessment regarding the candidate's progress at the Canton. Familia members review the full range of the candidate's behavior including the following:

- participation in group counseling sessions
- motivation to restructure life-style
- performance of assigned task

- ability to get along with others
- ability to accept responsibility and show concern for others
- general personal demeanor
- positive behavioral change

The meeting may last as long as six hours. At the completion a decision is rendered. The candidate is often accepted into the Familia with "commitments". That is, specific behavior which must be addressed and altered, such as to talk more in groups, stop smoking, improve personal hygiene, etc.

4. The Familia stage is the second step in the Canton hierarchy. Membership in the Familia is characterized by increased responsibility, respect, and privilege. Familia members are assigned to policy committees and hold various leadership positions within the program. Members are also afforded "passes" which allow them to visit family or relatives for short periods of time. All Industrial Therapy committees are coordinated by Familia members; they also staff the grievance, discipline and screening committees. Familia members also act as role models for addicts at the candidacy stage.

The Familia concept is based on the extended family tradition characteristic of Chicano culture. The family is a very close and tightly knit unit. Members are expected to promote and support the unity of the family. For example, upon entry into the Canton, the addict is required to sign a "Brown Sheet" which reads in part:

"Program unity, support and protection are vital. Failure to protect the program may mean discharge for the person who puts the program in danger."

In return for their loyalty, the Familia provides status, role identification and self-respect. It explicates and controls the social norms of its members and administers discipline when norms are breached.

Familia members represent the core of NEL's therapeutic process. It is believed that through peer pressure addicts will change their life style. This, in turn, will enable them to make meaningful decisions toward a drug-free life style. The actions and behavior of Familia members often serve as the barometer for the overall effectiveness of the rehabilitation effort. When Familia members "slide"

i.e., do not actively participate in the Canton activities, little influence can be exerted on Candidates to act differently. It is imperative that a strong and committed group of addicts exist at the Familia stage in order for the program to achieve maximum effectiveness. This core group of addicts is difficult to establish owing to the short stay of most addicts, viz., less than 45 days. It took over six months before NEL had established a strong Familia group.

During the Familia stage, addicts are expected to participate actively in counseling sessions and to lead some groups. If Familia members do not show adequate progress, they may be "kicked-back" to the candidacy stage. As a result, Familia members are usually more verbal and active than Candidates.

At the Familia stage, residents are also encouraged to formulate programs for their educational and vocational growth. Vocational and educational counseling are made available to residents through the State Department of Vocational Rehabilitation and local community colleges. In order to coordinate the rehabilitation plan of the resident, staff counselors, residents and potential service providers confer on a regular basis so that all available services are identified and utilized. During the final weeks of the Familia stage the addict is expected to be a participant in a job, vocational training, educational program or a combination of work and education.

5. The Veterano stage is a special status within the Canton. This stage is reserved for individuals who exhibit particular signs of personal growth and possess unique talents and abilities. The term "veterano" has its origins in the Chicano drug subculture. Addicts who are especially adept at maintaining their habit through "street hustling" are known as veteranos. These addicts are characterized by their stoicism, possessions, fancy clothes and cars; they are always known to have dope and often "turn on" their friends. They are the upper class among the "dope fiends"; they are often respected and emulated by other addicts. In a similar sense these "rehabilitated" addicts are the ones who have shown the most progress and reoriented their life style to positive aspects of the Chicano culture.

Familia members are screened for the Veterano stage by NEL staff. The staff screening committee looks for characteristics such as responsibility, maturity, commitment to NEL, Chicano values, counseling abilities, ability to express emotions, feelings and honesty.

The Veteranos are usually the longest residents, i.e., over 90 days. They are respected and trusted by both staff and residents. They have exhibited leadership capability and have involved themselves deeply in the program. Members of this group are often enrolled in drug-treatment training sessions and are given responsibilities on a par with those of staff. They are entrusted to represent NEL in the community, they may be asked to "cover" the house in the absence of staff and they are often involved in staff meetings. Participation in the Veterano stage is not a prerequisite for graduation. It merely represents a stage where special status can be designated for addicts who exhibit accelerated personal growth and attitudinal change.

6. The Graduation stage is primarily a ceremonial function. At this time residents are given certificates acknowledging the fact that they have completed the program successfully. The minimum requirements to complete the residential program are as follow:
 - The ability to control oneself and cope with problems which previously led to drug usage.
 - Maintain a record of honesty in dealing with others (residents, staff, family, employer, probation officer, etc.)
 - Have a place to live in the community.
 - Participation in a job, vocational training, educational program or a combination of work and education.
 - The ability to pay for food, lodging and clothing.
 - Make a reasonable agreement for periodic but regular communication with the NEL Drop-In Center for at least 12 months after leaving.

On a periodic basis NEL staff review resident's progress to determine who may be eligible for graduation. Graduation is viewed with anxiety by some residents for it means leaving the "protective" environment of the Canton and going back to the community where their drug-related problems originated. For some addicts this prospect becomes overwhelming and they consciously seek ways of delaying their graduation. NEL staff have attempted to meet this situation by placing considerable emphasis and honor on the graduation ceremony itself. The bestowing of certificates, along with staff praise and all the other festive activities associated with the graduation, has effectively neutralized the fear that some addicts experienced.

7. The Aftercare stage is the most crucial and thought to be at the "heart" of NEL's program. The problem of providing a smooth transition from the Canton to community life has been recognized by NEL for some time. As mentioned previously, when residents approach graduation they become more and more anxious about their future. Some doubt whether they can "make it" on the outside, while others fantasize about the future to the point where they avoid serious self-appraisal or active participation in counseling sessions. NEL staff perform a number of follow-up tasks; these include, but are not limited to:

- weekly group or individual rap sessions are held at NEL Drop-In Center;
- each sixty days every graduate of the program is contacted and asked to visit a counselor to discuss any problems which may have arisen;
- the resident is expected to notify the project of change of address;
- regular communications are continued with the ex-resident's probation officer or parole agent;
- the follow-up service provided by NEL are continued for a minimum of one year.

The re-entry phase poses difficulties for the staff since follow-up is as much a responsibility of the ex-addict as it is NEL's. Clients who fail to keep in contact with the program are often "lost" during the follow-up stage.

B. Program Dynamics

This section will provide the reader with the step-by-step account of the client's process through the program. The "Narcotics Education League Client Flow" chart will serve as the schematic for this process.



1. The project is notified that an addict is interested in the services provided by NEL. The notification may be in the form of a letter or phone call from the addict or referral agency. Other contacts are through "walk-ins" or messages received by staff through the "grapevine".
2. The addict is told to come into the drop-in center for a preliminary interview and orientation. NEL staff obtain basic intake data from the addict, undertake a needs assessment, explain NEL and community services, and determine whether the addict needs detoxification.
3. If detox is required, a referral is made to appropriate in-or-out patient detoxification facility.
4. When the addict completes detoxification and returns to NEL, he/she undergoes phase II of the interview-orientation process. The purpose of this interview is to assess the addict's qualification for entering the Canton, including his/her personal background, drug usage history, and most importantly his/her motivation for entering the Canton. The addict is also informed of the Canton rules and the stages of the program.
5. After completion of the drop-in center interview the addict is screened by members of the Canton Familia. Again, the primary purpose of the screening is to assess the addict's readiness and motivation for rehabilitation and to see if there are any factors which may affect the addict's success in the program.
6. After this screening there are three possible decisions that can be made. The Familia can accept the addict into the Canton; the Familia can reject the addict, in which case the addict would still receive the full services of the drop-in center, or the Familia can be undecided. In the latter case a special staff committee is formed to render a final decision.
7. Once the addict is accepted into the Canton he/she is oriented to the program by the Canton Familia and begins the Candidacy stage which lasts a minimum of 30 days.
8. At any point after the initial 30-day period the Candidate can apply for admission to the Familia. This is done by a simple request to a staff member.
9. The Candidate then appears before the Familia who screens him/her in terms of the progress made at the Candidacy stage. If the Familia members agree that the Candidate has made sufficient progress, he/she is admitted to the Familia.

If it is found that not enough progress was made, he/she remains at the Candidacy stage.

10. The Familia stage lasts from 30-120 days and is the primary stage for most program residents.
11. After a minimum of 60 days in the Familia a member may apply to enter the Veterano stage. A Veterano committee screens the applicant's qualifications for entering this stage. This committee is composed of NEL staff and any current Veterano members. Participation in the Veterano stage is not required in order to graduate.
12. After completing at least 30 days in the Familia or Veterano stages the addict may apply for graduation. A graduation committee comprised of NEL staff determine the addict's eligibility for graduation.
13. If the decision is to graduate the individual, he/she participates in the graduation ceremony; if application is denied, the addict remains at the Familia stage.
14. After graduation the ex-addict maintains liaison with NEL's aftercare support system.

C. Service Components

1. Services offered

The Narcotics Education League offers an array of services to the addict. Addicts who are admitted to the residential treatment program are assigned a staff counselor for the purpose of providing an individualized approach to the addict's drug-related problems. The counselor and resident discuss the addict's goals, aspirations and motivation for entering the program. An individualized program is then developed and the counselor coordinates the individual's progress throughout his residency at the Canton. If critical medical, legal or other needs are identified at the initial screening, staff link the addict to the appropriate community resources. One of the primary functions of the counselor is to insure that the necessary services are provided and that the resident fulfills the agreed-upon treatment plan. During the later stages of the residential treatment program, emphasis is placed on the educational and employment aspect of the individual's rehabilitation process. Development of (1) permanent or part-time employment; (2) manpower skills

training; (3) GED or further educational training;
(4) successful re-entry into community life, are an
integral part of NEL's service provision. A brief
description of the services provided at various stages
of the treatment process is given (see Table 3).

Table 3
NEL Service Matrix

Services	Stages of Treatment			
	All	Candidacy	Familia/ Veterano	Aftercare
Crisis Intervention				X
Individual Counseling		X	X	
Group Counseling	X			
Family Counseling		X		X
Parole/Probation Counseling		X	X	
Welfare Services/ Referral	X			
Medical/Dental Services/Referral	X			
Cultural Awareness	X			
Recreational Activities		X	X	
Educational Counseling/ Referral			X	X
Vocational/Employment Counseling/Referral			X	X
Transportation Service	X			
Legal Assistance	X			
Detoxification Referral				X

a. Crisis Intervention

Crisis intervention refers to drug-related emergency situations in which NEL staff intervene. The drop-in center receives numerous calls from individuals and "walk-ins" who have "overdosed" on drugs. In cases of heroin overdose, staff call an ambulance service and/or the fire department, because of the physiological effect that heroin overdosage has in constricting pulmonary activity. The fire department is usually called because of its fast response time and administering of oxygen. NEL staff also find themselves handling cases involving physical violence. It is not uncommon for addicts to walk into the drop-in center with stab wounds or lacerations resulting from assaults or burglaries. Family disputes are another area in which staff intervene. A common theme is that of a husband and wife arguing over one or the other's drug habit. In order to protect themselves from any potential criminal involvement, NEL staff do not go to residents to intervene in crises. All crisis situations are handled by phone or at the drop-in center. The most frequent interventions are detox referral and concerned parents calling about their children's drug usage. A "strung-out" addict needing detox will be taken to the appropriate medical facility by NEL staff. Concerned parents are given an overview of the drug treatment services available in the community and are encouraged to bring themselves and their children to the drop-in center for counseling. In all situations of crisis intervention, NEL staff assume a "no-bust" policy. That is, addicts who call or come to the drop-in center are treated from a medical rather than criminal justice perspective. All contacts are confidential and law enforcement agencies are not contacted unless there is a clear and present danger of further violence.

b. Individual Counseling

Individual counseling is a fundamental component of any therapeutic treatment modality. Counseling sessions may take the form of "monads, diads, or triads". Individual counseling is an effective therapeutic tool in getting addicts to express their feelings and emotions. Group settings have a tendency to inhibit expression and free exchange. At NEL the purpose of individual counseling is to "open people up" so that they can be more expressive in groups and in the day-to-day interactions of the Canton.

NEL staff have found that Chicano addicts talk freely about their drug-related problems with one or two other individuals. However, they are reluctant to be as open and revealing in larger groups because of feelings of guilt, anxiety and mistrust. NEL uses individual counseling as a technique to "plant the seed" for self-exploration and awareness. A form of counseling which has proven to be of particular insight to NEL residents is the personal diary. Addicts are required to make daily entries in their diary and to review them on a periodic basis. This allows the addict to review his/her observations and changes in a time perspective. Individual counseling sessions are scheduled sparingly because one-to-one interactions most frequently take place during "free time" activities.

c. Group Counseling

Group counseling is the primary therapeutic technique utilized by NEL. During residency at the Canton, group sessions consume nearly 20 percent of the addicts' waking time. The style and format of these groups varies considerably, yet their common purpose is to expose the self-destructive life style of the Chicano "dope fiend" and to develop drug-free alternatives. An often used technique is the psychodrama. The session consists of one or more residents acting out a particular feeling, behavior or experience such as what does it mean to trust or love people. Individuals in the group then discuss what the particular drama meant to them. Another widely used concept is that of the encounter. The group encounter is used as a means of confronting addicts with their "negative behavior". It is felt that addicts must be confronted with their destructive behavior patterns in order to learn new and positive behavioral traits. These encounters often become very personal and intense. They represent one of the first occasions in which addicts "pull covers" -- that is, expose another individual's drug-related problems. The ability to "pull another addict's cover" is viewed as an important breakthrough for the Chicano addict. Getting involved in other peoples' lives and exposing their personal weaknesses is akin to "snitching". The "snitch" is a lowly and despised individual in the convict lifestyle and barrio culture.

d. Family Counseling

For clients with spouses and children, family counseling is a critical element. It provides reassurance and information to the family. For the addict it is a way of

knowing that his family is being assisted with necessary social services and personal needs. As one staff member puts it, "most Chicano addicts have to know that their family situation is okay before he thinks about himself and his drug problems." NEL staff conduct counseling and information sessions at the drop-in center. They explain their drug treatment program to family members and request that the family become an integral part of the total rehabilitation process. While family members are not allowed to visit the Canton, they are encouraged to come to the drop-in center for weekly counseling sessions.

e. Parole and Probation Counseling

Since most addicts are referred by criminal justice agencies, specific parole and probation requirements must often be adhered to. NEL staff contact probation and parole officers to verify the parole/probation status of all clients.

Staff also obtain information regarding future court dates, outstanding warrants and other legal related information. Once this data has been obtained and verified the "Court Liaison" insures that the client makes all court appearances. In addition, the Court Liaison assists in clearing warrants and obtaining legal counsel when necessary. NEL staff maintain periodic contact with probation/parole officers, the courts and the district attorney's office. The primary purpose of these contacts is to inform the criminal justice system of the status of the referred addict. Progress reports on the client's treatment are sent to probation and parole officers on request. In the event that a client "splits" from the program, the courts and probation/parole officers are notified within three days.

f. Welfare Referral Service

As an extension of family counseling, NEL assists families in obtaining necessary social services. Information regarding food stamps, aid to families with dependent children, low-cost housing, foster homes, general county assistance, etc. is provided to families which have expressed a need in these areas. NEL identifies the appropriate agency providing the needed service and refers individual family members to these agencies. NEL works closely with Urban Outreach, an advocacy organization for poor people. When traditional

social service agencies do not provide the necessary assistance, Urban Outreach accompanies the family to the agencies and acts as advocates on their behalf.

g. Medical and Dental Referral Services

Every addict admitted to the Canton is referred to the County's Health Care Services Agency for a complete medical checkup. The County provides this service free of charge. An essential element of the addict's health checkup is a dental diagnosis. Many addicts have cravings for sweets after they inject heroin. This craving results in the consumption of large quantities of sweets which causes severe tooth decay. Self-consciousness about bad teeth makes some addicts reluctant to talk or smile in group counseling sessions. All client medical needs are referred to the appropriate medical facilities. Any medication which may be prescribed to an addict is maintained by the staff -- even the aspirins are kept under "lock and key". NEL has the gratis services of a doctor and nurse on call. It was found that many addicts were complaining of "sicknesses" for the simple purpose of leaving the Canton. Once medical services were provided at the Canton, the number of persons complaining of sicknesses was significantly reduced.

h. Cultural Awareness

An integral part of the rehabilitation process is the development of individual pride and self-esteem. NEL emphasizes that Chicano addicts should have a positive outlook on their culture and values. It exposes addicts to Chicano history, social issues, art, culture, politics, etc. Speakers from community and local colleges are scheduled to lecture on relevant topics at the Canton. Recent topics included such items as:

- 20th Century Meso-American Art
- Tarahumara Indians of Mexico
- Proposition 10, Re-enfranchising Ex-felons

In addition, Spanish speaking films are shown whenever they are available. Attempts are made to schedule special topics on a weekly basis. Clients are also engaged in art activities such as silk screening and painting in which Chicano cultural themes are accentuated.

i. Recreational Activities

There are a wide variety of recreational activities. The Canton belongs to the La Raza Athletic Association which has team competition in basketball, baseball, soccer and volleyball. In addition to sports activities, field trips are planned throughout the year. Weekly outings are scheduled for women who have children, in order to maintain family unity and to keep women in contact with their children. In general, recreational activities foster and develop interest in new life styles. It is a way of structuring time in a constructive and productive way. Through recreational activities addicts are also exposed to other individuals with whom they might not ordinarily interact or socialize, thus developing new communications styles which assist the addict in his/her interpersonal relationships.

j. Educational Counseling

NEL strongly encourages clients to further their education. An individual educational package is developed for addicts during the latter stages of the treatment process. Most clients have not completed high school; for those a GED program is available. For those who have completed high school or a GED, college programs are reviewed. NEL staff assist clients in enrolling in community colleges. Through special financial assistance programs, arrangements are made to provide tuition, housing and book costs. While English is a second language for most Chicano addicts, they often have not developed proficiency or fluency in Spanish. For those addicts who wish to develop their language skills, Spanish and English classes are held on a weekly basis.

k. Vocational Employment Counseling

The State Department of Vocational Rehabilitation has assigned an individual to NEL for 16 hours per week to assist clients in enrolling in vocational rehabilitation programs. Clients have been placed in local community college courses for dental technicians, welders, secretaries and draftsmen. Most vocational programs include tuition, union fees, special clothing, special tutoring and expenses. NEL assists clients in obtaining employment through the State's Human Resources Development Agency. Most Chicano addicts have not held a "regular job" during their addiction history. The employment program seeks to develop a job

orientation for the addict. Thus, certain "menial" and short-term employment placements are encouraged in order for the addict to acquaint himself with the "work ethic". It is emphasized that these jobs are not lifelong careers but a way of obtaining experience in the employment market.

1. Transportation

NEL obtained a bus van through a donation from a local foundation. The van is used for a variety of transportation needs. Clients are escorted by NEL staff to such activities as court appearances, medical appointment, detoxification, etc. Public or other means of transportation is often unfeasible or unreliable. The project provides transportation service for family members of addicts only if other means are not available.

m. Legal Assistance

NEL has an attorney on staff as well as access to community legal services. Though NEL will not represent clients in court, they will provide preliminary legal counseling on matters pertaining to an individual's court case, warrants, or other criminal related charges. In addition, they will assist clients on individual civil matters such as divorce cases, foster home placements, probates, tenant rights, etc. After preliminary screening, cases are referred to neighborhood legal assistance agencies for action.

n. Detoxification Referral

All addicts entering the drop-in center are screened for detox requirement. Referral is made to two in-county detoxification facilities. In addition, one out-of-county facility is utilized. Detox referrals are normally placed within 24 hours. NEL staff provides transportation to and from the detox facility. Detoxification is usually completed in 72 hours at which time the addict is referred back to NEL.

2. Client Assessment of N.E.L. Services

In order to document the perceptions of addicts towards NEL's services a survey instrument was developed and administered to clients. A list of former clients whose whereabouts were known was compiled. Responses were received from 19 clients or 32.8 percent of those admitted to the program during the first year. Due to time and monetary constraints this is not a representative sample of

clients. All but one of the respondents resided fewer than 45 days in the program; thus, the sample is heavily weighed toward those individuals who may have conceivably more favorable opinions as evidenced by their length of stay. Nevertheless, given the paucity of follow-up data among drug programs, it was felt that the response provided additional information regarding general program strengths and weaknesses.

Clients were generally satisfied with the services provided by NEL (see Table 4).

Table 4

Client Rating of NEL Services

<u>Service</u>	<u>Rating</u>		
	Poor/Fair/Avg.	Good/Excel.	Don't Know
	No. of Responses (%)	No. of Responses (%)	No. of Responses (%)
Individual counseling	4(21.1)	15(78.9)	0(0)
Group counseling	3(15.8)	15(78.9)	1(5.3)
Family counseling	5(26.3)	10(52.6)	4(21.1)
Job finding/counseling	6(31.6)	7(36.8)	6(31.6)
Vocation counseling	6(31.6)	8(42.1)	5(26.3)
Educational services	2(10.5)	16(84.2)	1(5.3)
Medical services	2(10.5)	15(78.9)	2(10.5)
Recreational activities	3(15.8)	16(84.2)	0(0)
Aftercare support	2(10.5)	11(57.9)	5(26.3)
Cultural activities	3(15.8)	12(63.6)	4(21.1)
Transportation assistance	4(21.1)	13(68.4)	2(10.5)
Crisis intervention	2(10.5)	9(47.4)	8(42.1)
Clothing assistance	6(31.6)	9(47.4)	4(21.1)
Housing assistance	3(15.8)	13(68.6)	3(15.8)
Detox referral	1(5.3)	13(68.6)	5(26.3)
Legal assistance	3(15.8)	14(78.7)	2(10.5)

Clients ranked the following services particularly high:

<u>Service</u>	<u>Percent Ranking</u> <u>Good or Excellent</u>
Educational Services	84.2
Recreational Activities	84.2
Individual Counseling	78.9
Group Counseling	78.9
Medical Services	78.9
Legal Assistance	73.7

Conversely, the following services were ranked less favorably:

<u>Service</u>	<u>Percent Ranking</u> <u>Good or Excellent</u>
Job finding/counseling	36.8
Vocational counseling	42.1
Clothing assistance	47.4
Crisis intervention	47.4

On the whole it appeared that clients who resided in the program beyond 45 days found little to criticize. A number of respondents commented that "there is nothing I didn't like about the program." Most individuals commented favorably on the homogeneity of the program, the food, the counseling, the family atmosphere and the bilingual and bicultural aspects of the program. There were several instances in which respondents felt the program could be improved. Many residents felt there should be more opportunity for recreational activities, particularly on the weekends. Others expressed a desire to have more educational seminars on drug addiction, its causes, effects, rehabilitation efforts, etc. A desire to have more "professionals" speak on various topics and to interact with other drug treatment programs was also voiced.

Other clients felt that the program should be more varied. That is, the day-to-day routine should be altered to make it less monotonous. These criticisms notwithstanding, the overwhelming majority of respondents felt that the program had a positive effect on their lives. Many clients commented that the program had given them new insights into their life, that it has helped them to clarify their personal goals and to make them realize the self-destructive nature of drug dependency. Specific comments such as the following were typical:

- NEL has helped me to find myself and get my head together.
- NEL has helped me to find out what I really want to do, but I still need a lot more help to find out a lot more about myself.
- NEL has given me the opportunity to clean up and provided basic needs without charge.

In conclusion, it can be said that for those addicts who remained in the program for at least 45 days, the experience was a positive one. For some the program and its services have been helpful in identifying problems which led to drug usage. For others it appeared that the program was the turning point for developing a new drug-free life style.

D. Recommendations

Consistent with the findings and conclusions of this section, the following recommendations are set forth:

- It is recommended that the project reexamine its intake process, with a view toward limiting clients that are prone to complete less than thirty days in the program. Special attention should be focused on developing objective criteria for screening of addicts. Presently all those who apply for admission are accepted. This policy should be altered, particularly in cases where staff feel that the addict will not remain in the program for an extended period of time.
- It is recommended that an indepth review be conducted of the organization's management information system. There are a variety of forms and data collection instruments that are maintained by the project. Some of these are for internal informational purposes, others are the result of information requirements of the county agencies such as OCJP, Probation Department and Health Care Services. It is felt that means should be sought to develop fewer and simpler forms which

meet the existing needs of all. In addition, individual case records maintained by the project are incomplete in several respects. More precise information is required in the area of the addict's heroin habit, previous treatment experience, progress at the Canton and follow-up status. These additional informational needs should be incorporated in the revision of the project's management information system.

- It is recommended that the project improve its employment and vocational counseling services. The recently OCJP funded "Employment for Ex-Addicts" project will provide a necessary link in the rehabilitation process. However, this latter project should not preclude staff from expanding its employment-related contacts and developing more individualized employment programs. In addition, staff should conduct follow-up interviews to determine why clients considered these counseling services below par.
- It is recommended that more reliable and valid follow-up methods be utilized. The current practice of "self-reporting" and information through the "grapevine" regarding client status, is unsatisfactory from this evaluator's point of view. While there are inherent difficulties and ethical issues in conducting computerized client checks, the problems of client confidentiality are not insurmountable. It is suggested that future evaluation activities include PIN and CORPUS checks.

VI. CLIENT CHARACTERISTICS

A. Introduction

The identification and analysis of client characteristics is essential in understanding the total program effort. Knowledge of client population provides insight into the development of effective service delivery and assessment of trends among heroin addicts. Client statistics in this section cover the first year of operation. All client data represents inactive cases, i.e., clients terminated from the project.

B. Socio-economic Background

Over 91 percent of NEL's residents were Chicano with the remaining 9 percent being Puerto Rican or of Latin background (see Table 5).

Table 5

Client Ethnicity

Ethnic Background	Clients	
	Number	Percent
Chicano	53	91.4
Other (Latino)	5	8.6
TOTAL	58	100.0

Although the program is open to members of all ethnic groups, its exclusively Mexican-American population can be attributed to the drop-in center's location -- in the midst of Oakland's Mexican-American Barrio. The project also has an homogenous staff of ex-addict Chicanos and a "street reputation" of emphasizing the needs of Chicano addicts.

Eighty percent of the clients are male and 20 percent female (see Table 6). The distribution of residents along sexual lines is similar to that of most other drug free live-in programs. However, for the female, Mexican-American addict the similarity ends there. Significant cultural stigma is attached to the Chicana addict. Deviant drug behavior results in censure and dissociation from family and peers. Unlike the male addict, drug behavior among Chicanas remains a scar for life. Female ex-addicts find it difficult to reassume traditional cultural and family roles.

Table 6

Sex of N.E.L. Clients

Sex	Number	Percent
Male	46	79.3
Female	12	20.7
Total	58	100.0

The social stigma attached to drug addiction makes the Chicana one of the most difficult addicts to work with, for even when she is rehabilitated, her role in the Chicano society will be limited by her past drug involvement.

Over 65 percent of the clients of the program are under 26 years of age (see Table 7).

Table 7

Age of N.E.L. Clients

Age Group	Number	Percent
less than 21	9	15.5
21-25	29	50.0
26-30	8	13.8
31-34	7	12.1
over 35	4	6.9
no information	1	1.7
Total	58	100.0

Half are in the age range between 21 and 25 years and nearly one-fourth are over the age of 30. The age distribution is similar to that of TASC referrals in Alameda County.²⁸ Data from the California Rehabilitation Center indicate that Chicano addicts are generally younger than addicts of other ethnic groups. This does not appear to be the case with NEL's clients. If anything, there appears to be a trend toward the referral of older addicts. There is some dispute in the drug literature as to which group, young or old, is more difficult to rehabilitate. Based on NEL's first year statistics the answer remains inconclusive. No statistically significant difference was found among age groups for length of stay. That is, age, in and of itself, is not a significant variable in predicting length of residency among NEL clients.

Nearly 60 percent of the addicts are single (see Table 8). This is an unusually high percentage compared to Chicano non-addicts of similar age groups. Chicano culture places considerable importance on the institution of marriage. Men and women gain much of their social status and sense of self-worth through family roles and relationships. With addiction these roles are difficult to establish because of the social stigma associated with drug usage.

Table 8

Marital Status of N.E.L. Residents

Marital Status	Number	Percent
Single	34	58.6
Married	11	19.0
Widowed	2	3.4
Separated	5	8.6
Divorced	4	6.9
Unknown	2	3.4
Total	58	99.9*

*Does not equal 100.0 due to rounding.

²⁸Waldorf, et al., supra note 26, at 173.

The living arrangement of addicts prior to their admission to NEL's Canton illustrates the strong family ties that exist among Chicanos. Over half the clients were living with their parents or a relative prior to coming to NEL (see Table 9).

Table 9

Living Arrangement of N.E.L. Clients

Living Arrangements	Number	Percent
Alone	13	22.4
With spouse	8	13.8
With relatives	10	17.2
With parents	20	34.5
With friends	2	3.4
In an institution	3	5.2
Other	2	3.4
Total	58	99.9*

*Does not equal 100.0 due to rounding.

For many Mexican-American parents the knowledge that a family member is using heroin does not lead to total rejection. Even though the addict's drug usage is disdained by the family, he/she is afforded many of the amenities which parents and relatives normally provide to their non-addict children. This concept has been referred to in the drug literature as "mother-loving". It can be described as a mother who believes her child is always doing or being right regardless of the realities. This may manifest itself in granting the addict's every whim and demand, even to the extent of giving money for the next "fix".

The majority of NEL's clients received some high school education (see Table 10).

Table 10
Education of N.E.L. Clients

Education	Number	Percent
8th grade or less	8	13.8
Some high school	37	63.8
High school grad.	8	13.8
Some college	4	6.9
Unknown	1	1.7
Total	58	100.0

Only 13.8 percent of all clients completed high school. An even fewer number -- 6.8 percent -- have completed some college. Compared to addicts in general, Chicanos exhibit much lower education achievement levels. A sample of TASC clients revealed that 42.6 percent had completed high school.²⁹ NEL staff attribute the low educational level directly to the inability of the school system to provide education in a bicultural and bilingual perspective. For many Mexican-Americans, English is a second language. There are a number of clients in the program who do not know how to read or write English. Coupled with the general educational counseling practice of channeling ethnic minorities into trade-oriented classes, education limits personal growth. The majority of NEL clients became heroin addicts during their high school years (see Table 11). It is not clear whether a causal relationship exists between drug usage and schooling. However, it appears that drug usage contributes to lower educational achievement. The median educational level of Alameda County residents of Spanish surname is 11.4 years with 45.9 percent completing high school. This compares to NEL clients who have completed a median of 10.2 years and 13.8 who have graduated from high school.³⁰

One of the most disturbing characteristics of NEL's client population is their limited employment experience and lack of salable skills.

²⁹Waldorf, et al., supra note 26, at 174.

³⁰United States Department of Commerce, 1970 Census of Population and Housing, PHC (1) - 189, at 319 (1972).

Nearly 52 percent of all clients had not worked during the previous two years. An additional 32.8 percent worked 26 weeks or less. Nearly two-thirds of the clients listed their trade as either semi- or unskilled. A cross-tabulation of trade skills with weeks worked reinforces the hypothesis that individuals with limited skills find it difficult to gain employment (see Table 11). With known drug usage and criminal involvement the employment prospect is even dimmer. These employment statistics suggest that the majority of clients did not have a legitimate source of income to support their opiate habit.

Table 11

Client Trade vs. Weeks Worked

Weeks worked	Trade				Total
	Skilled	Semi-skilled	Unskilled	Other	
none	4	10	13	3	30(51.7%)
1-26	7	5	6	0	18(31.0%)
over 26	4	3	2	1	10(17.2%)
Total	15(25.9%)	18(31.0%)	21(36.2%)	4(6.9%)	58(100.0%)

C. Drug Usage

Heroin usage among Chicano addicts, as with addicts in general, starts at a young age. Over 55 percent of NEL's clients were heroin users at age 18 and nearly 83 percent were users by the time they reached 21 (see Table 12).

Table 12
Age First Using Heroin

Age	Number	Percent
under 16	8	13.8
16 - 18	24	41.4
19 - 21	16	27.6
22 - 25	4	6.9
over 26	2	3.4
unknown	4	6.9
Total	58	100.0

Most NEL clients have been addicted for 5 years or less, but a surprisingly large number -- 23.4 percent -- have been heroin addicts for over 12 years (see Table 13).

Table 13
Years Addicted to Heroin

Years	Number	Percent
less than 2	6	10.3
3 - 5	20	34.5
6 - 8	12	20.7
9 - 11	3	5.2
12 - 15	5	8.6
over 15	8	13.8
unknown	4	6.9
Total	58	100.0

In a sample of 377 TASC clients only 11.7 percent had been using heroin for more than 12 years.³¹ It is generally acknowledged that heroin usage prior to 1965 was largely restricted to ethnic minorities. The fact that nearly 40 percent of TASC's clients are Anglo would account for the relative difference in length of heroin usage between TASC and NEL clients. As previously mentioned, it has not been difficult to determine whether addicts with long histories of heroin usage are likely to respond more favorably to treatment than their younger counterparts. Among NEL clients no statistical significance was found between length of stay in the program and years of heroin addiction.

For many addicts the road to heroin is facilitated by friends and household members. In the case of NEL clients, over half had friends who were also heroin users and 28.6 percent had brothers or sisters who were addicted (see Table 14).

³¹Waldorf, et al., *supra* note 26, at 34.

Table 14
Other Known Heroin Users

Relationship	Number	Percent
Mother/Father	0	0
Brother	14	20.0
Sister	6	8.6
Spouse	3	4.3
Friend	37	52.9
Unknown	10	14.3
Total	70	100.1*

*exceed 100.0 due to rounding.

For nearly three-fourths of NEL's clients heroin was a daily habit. Very few "chippers" -- occasional users -- are found among NEL residents (see Table 15).

Table 15
Rate of Heroin Usage

Weekly Rate	Number	Percent
Daily	42	72.4
3 - 6 days	5	8.6
less than 2 days	4	6.9
unknown	7	12.1
Total	58	100.0

The cost of the addict's habit fluctuates considerably depending on availability and connections. The real cost to the addict may also vary drastically depending on the source of the income used to purchase heroin. Street sources report that the Bay Area cost of heroin in 1972 was \$25.00 for a "bag". Depending on the size of the addict's habit, he/she may need anywhere from 1 to 10 bags per day. NEL clients reported their daily habits to run from \$25.00 to \$250.00 per day. Nearly half had daily habits of between \$76.00 and \$150.00 (see Table 16).

Table 16

Daily Cost of Heroin Habit

Dollars	Number	Percent
25 - 75	22	37.9
76 - 150	27	46.6
Over 150	3	5.2
Unknown	6	10.3
Total	58	100.0

These figures reflect the amount of cash required to purchase the needed heroin. It does not take into account the value of real or personal property which would have to be confiscated to realize a true cash value of say \$100.00. The fencing factor for stolen goods is usually one-third of the assessed value of the stolen merchandise. That is, it would require \$300.00 worth of stolen goods to realize \$100.00 in cash. As previously mentioned, 50 percent of NEL clients did not have gainful employment during the previous two years. If we assume that half of NEL's clients supported their heroin habit through illegal activity and that the average habit was \$76.00 per day, then, given the fencing factor, the direct cost of maintaining the heroin habit of NEL addicts is \$38,304.00 per week.

D. Criminal History

Records in this category are often not reliable because clients usually prefer only to give information relative to present arrests or to arrests related to their probationary status. Very few clients know of outstanding arrest warrants or convey detailed information regarding previous arrests and convictions. Given this caveat, NEL clients do exhibit high levels of criminal justice involvement. During the two years prior to their admission to NEL 50 percent had been arrested a minimum of two times (see Table 17).

Table 17

Arrest Rates For N.E.L. Clients

Times Arrested	Number	Percent
None	9	15.5
1	15	25.9
2	11	19.0
3	5	8.6
4	3	5.2
Over 5	10	17.2
Unknown	5	8.6
Total	58	100.0

Of this group 17.2 percent had been arrested 5 or more times during the previous two years. The conviction rate is somewhat lower than the number of arrests (see Table 18). Nevertheless, 30.9 percent were convicted a minimum of two times.

Table 18

Conviction Rates For N.E.L. Clients

Times Convicted	Number	Percent
None	13	22.4
1	26	44.8
2	9	15.5
3	5	8.6
4	1	1.7
Over 5	3	5.1
Unknown	1	1.7
Total	58	99.8*

*does not equal 100.0 due to rounding.

E. Client Profiles

A description of client characteristics would be incomplete without a view into the lives of the individuals who come to NEL. With the cooperation of NEL staff, the evaluator reviewed the written autobiographies of former Canton residents. To insure confidentiality the names of individuals have been changed. The facts pertaining to their lives are true as reported by the individuals:

ALFONSO

Alfonso is 35 years old. He is divorced and has three children. Alfonso comes from a family of eight sisters and four brothers. He grew up working in the fields of the San Joaquin Valley. During his teens his drug experimentation was limited to "weed"

and "bennies". He stopped using drugs shortly after he was married, in 1956. Alfonso started using heroin in 1972 after being turned on by a relative. Shortly thereafter his wife divorced him, when Alfonso continued using heroin regularly. He supported his heroin habit from the money he made as a shipping clerk. His first arrest came in 1974 for possession of heroin. This resulted in his being referred to NEL.

MANUEL

Manuel is 22 years old. His parents moved from New Mexico to California when he was seven. At the age of 17 he dropped out of high school and got married. He does not have any children. Manuel has worked since he was 14. He has worked mainly in sheet metal "job shops" performing routine tasks. He started using drugs at the age of 12. He became addicted to heroin at the age of 16. Manuel has been arrested 21 times. Among his arrests are: car theft, burglary, assault, paraphernalia, grand theft, robbery and kidnap. He has spent three of the last five years in jail. The last time he was arrested for possession of paraphernalia while serving time in the county jail. This brought him an additional year and probation to NEL.

SANDY

Sandy is 25 years old and has two children. Her parents were divorced when she was seven. She lived with her father until she was married at the age of 18. Sandy quit school in her senior year and worked as a nurse's aid in a local hospital. Her husband was a weekend heroin user before they were married. Sandy thought she would get her husband to stop using heroin once they were married. Three years later Sandy herself was hooked on heroin. She is now separated from her husband. He is presently in another drug program. Her children are being cared for by the husband's sister.

Sandy has been arrested five times during the past two years. She has spent nine of those 24 months in jail. The last time, she was arrested for possession of heroin with intent to sell. She was sentenced to five and one-half months in the county jail, placed on probation and referred to NEL.

JOE

Joe is 26 years old and has been a heroin addict for nine years. He started sniffing glue when he was 10. Before his addiction to heroin he had experimented with a number of drugs, including amphetamines, barbiturates, hallucinogenics and opium. Joe has been busted so many times that he can't remember them all. He has been arrested for burglary three times, petty theft seven times, possession of dangerous drugs, possession of paraphernalia twice, conspiracy, grand theft and brandishing a weapon. He has spent three and one-half of the last five years in jail. The last time Joe was convicted of burglary he was referred to NEL as a condition of his probation.

Joe graduated from high school when he was 18. His employment experience is spotty; he worked less than 18 months in the last seven years. He married at the age of 18; that same year his father died. One year later his wife and child left him when he was arrested for the first time. He has not seen them since.

ARTURO

Arturo is 18 years old and has four sisters. He began sniffing glue and paint thinner when he was 11. At the age of 13 he was "popping beans and reds" and "just anything (he) could get ahold of". Arturo was arrested four times in 1973; three of these were for being under the influence. He has spent one month in jail for his arrests in 1973. He had been using heroin for three months when he was arrested for possession and referred to NEL.

Arturo was "kicked out" of high school in the tenth grade. He has not gone back to complete his high school education. His only job experience has been that of a gas station attendant.

VII. PROJECT IMPACT

A. Impact Assessment

Between fiscal years 72/73 and 73/74 the Alameda Regional Office of Criminal Justice Planning awarded approximately \$3.2 million to public and private agencies for the purpose of preventing or reducing crime in Alameda County. The majority of these funds, 57 percent, were allocated for correctional programs. Within the correctional area a significant portion of the funds were earmarked for the rehabilitation of offenders with drug-related problems. NEL is one such effort.

With increased demand on OCJP monies, the establishment of sound criminal justice impact criteria is essential. Ideally projects such as NEL should impact directly on crime by showing a measurable reduction in it. Unfortunately, correctional projects like NEL often require broad social action approaches. This includes addressing a variety of underlying social causations which may predispose individuals to criminal activity. It is hoped that these social interventions have the effect of reducing an individual's criminal involvement. The difficulties associated with judging the impact of such broad social action programs have been noted by previous evaluators. This situation is compounded in the highly complex and rapidly changing field of drug treatment and rehabilitation. For these reasons the evaluator has chosen a somewhat broader range of project impacts. Included in this section are various assessments of project effectiveness, viz., meeting pre stated objectives as well as an analysis of project efficiency, i.e., cost-effectiveness. In addition, an analysis of project objectives is provided in Appendix A, the purpose of which is to determine whether the project's pre stated objectives are consistent and congruous.

B. Project Effectiveness

1. Retention Rates

The success of keeping drug abusers out of the criminal justice system is largely dependent upon the ability of drug treatment programs to retain and rehabilitate clients. Questions pertaining to a drug treatment program's "client-holding ability" are continually raised by criminal justice administrators. The retention rates of drug treatment programs are viewed as an essential aspect of overall effectiveness, for it is assumed that a positive association exists between length of residency and opiate abstinence, viz., rehabilitation. NEL has the following principal retention objective:

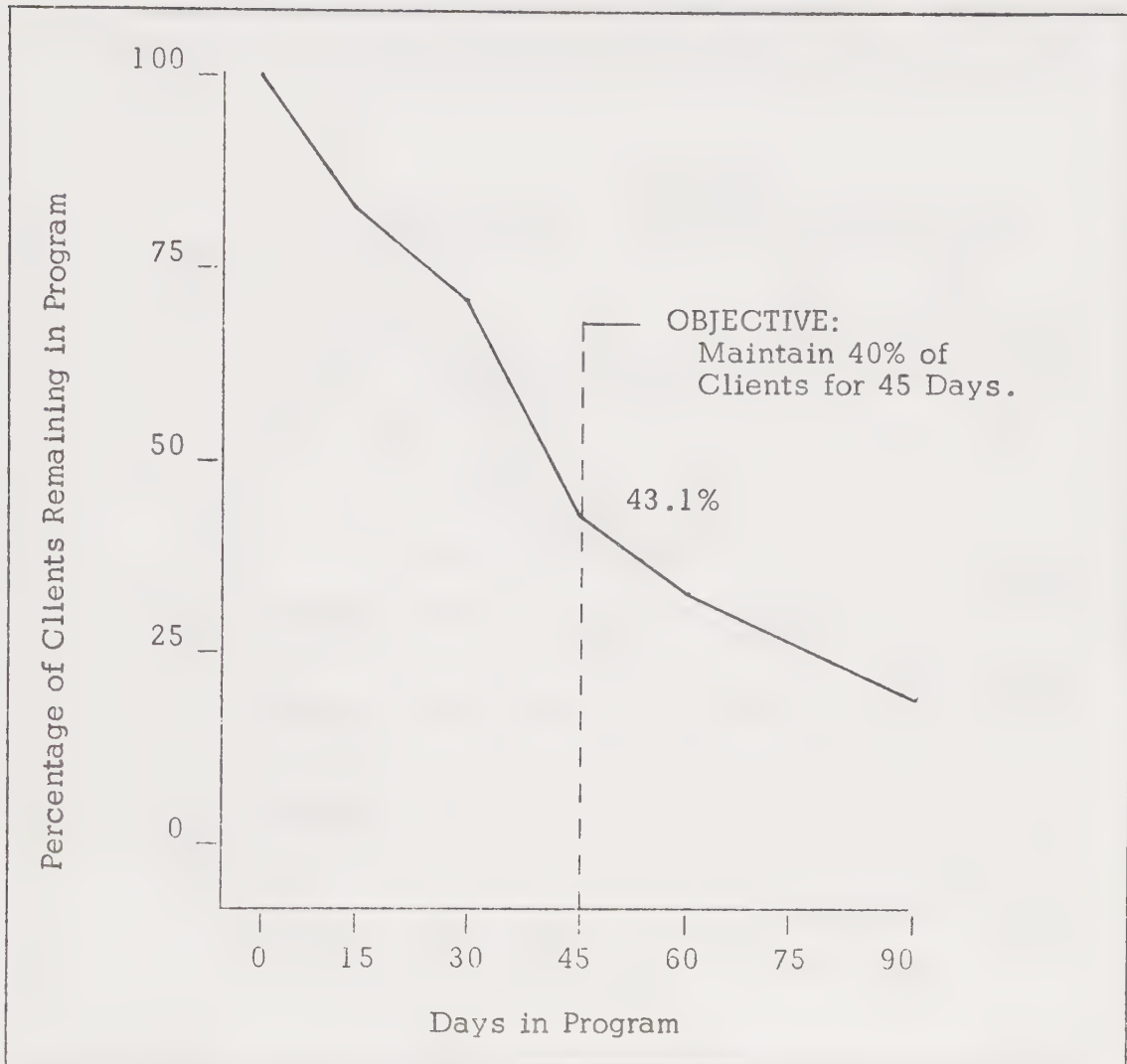
"To maintain 40 percent of all clients referred by the courts and law enforcement agencies for at least 45 days."

Project data indicates a variety of referral sources (see Table 2). The distinction between criminal justice and non-criminal justice referrals is often blurred. For example, an addict may be ordered by the court to reside in a particular drug program other than NEL. After a period of time the addict may decide to leave the other program and come to NEL. The client is still under orders from the criminal justice system to be in a drug program, yet in this situation NEL will list the referral source either as a "walk in" or as a referral from another drug program. For these reasons no distinction is made regarding the referral source in determining whether the retention objective has been met. Project statistics indicate that 58 addicts were admitted to the residential treatment facility between the period of March 1, 1973 and February 28, 1974. Of the 58 addicts admitted, 25 or 43.1 percent resided for more than 45 days. This meets the prestated retention rate objective.

Figure 7 graphically illustrates the percentage of clients leaving the program as a function of time. While the project has met its objective, the figure clearly shows the difficulty in keeping clients in the program over an extended period of time. The sharpest drop in the retention rate occurs at 31- to 45-day periods; 27.6 percent of all clients drop out during this period. The reason for this attrition is directly related to the project's treatment stages. Candidacy is the first of several stages in the Canton program. This stage normally takes 30 days to complete. At the end of this period addicts are required to make a firm commitment to a comprehensive rehabilitation program before they are admitted to the next stage. A significant portion of the addicts are unwilling to assume this additional responsibility and commitment; they choose instead to leave the program. In the first year 41.4 percent of the clients did not advance beyond the candidacy stage. (See the section entitled Project Components for a full description of the various treatment stages.)

Figure 7

Client Retention as a Function of Time



The trend in NEL's retention rate has taken an interesting course. Comparing statistics rates for the periods of March 1 to September 28, 1974, and October 1, 1974, to February 28, 1975, we find no statistically significant improvement in the overall retention rate beyond 45 days (see Table 19). Figure 8 provides a further illustration of the trend in client retention rates between the first and second half of the year.

Table 19

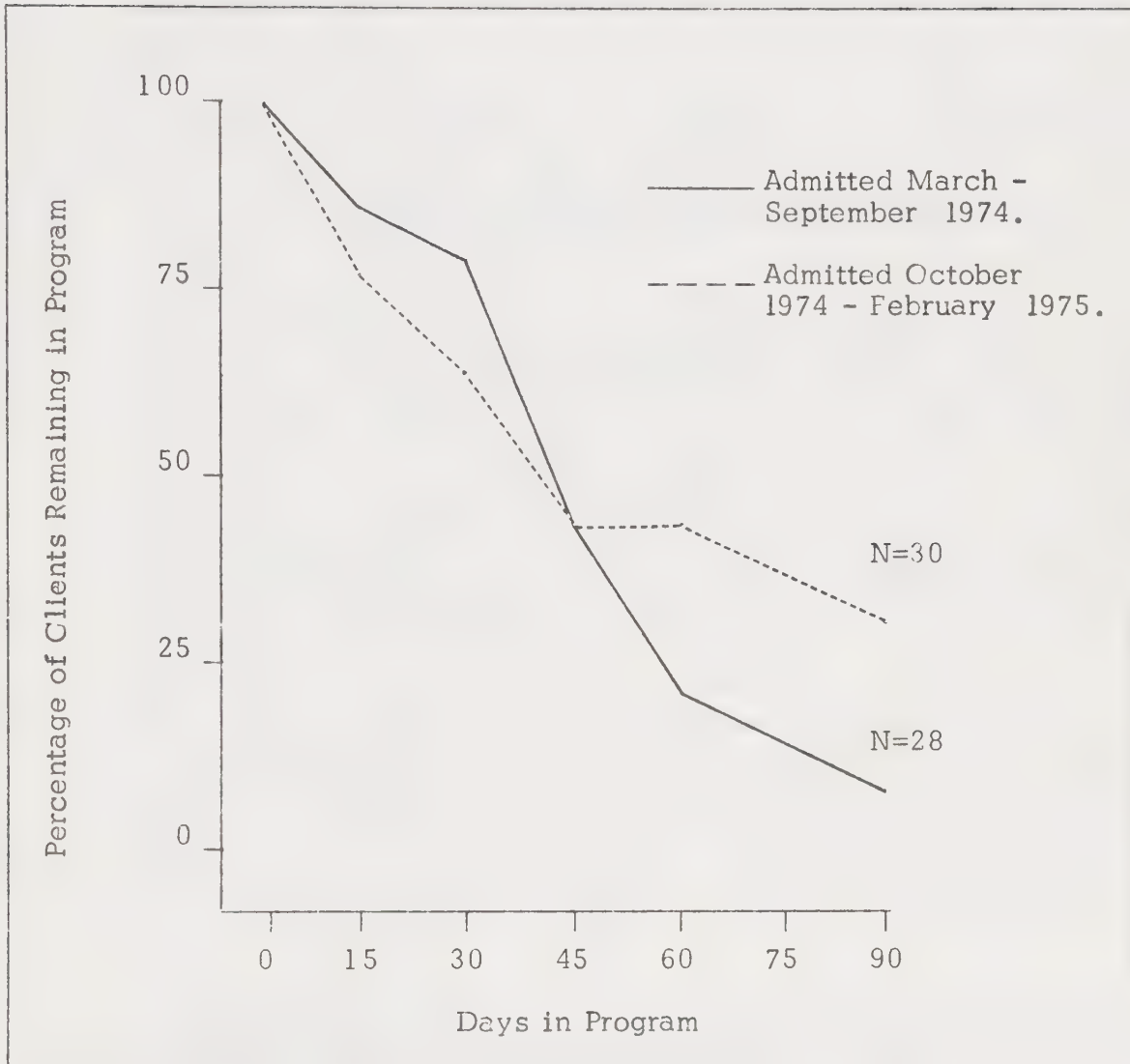
Trend in Retention Rates -- 45-Day Period

Date of Admission	Number and Percentage of Clients Retained		Total
	less than 45 days	45 days or more	
March - September 1974	16(57.1%)*	12(42.9%)	28(100%)
October 1974 - February 1975	17(56.7%)	13(43.3%)	30(100%)
Total	33(56.9%)	25(43.1%)	58(100%)

* Row Percentages.

Figure 8

Overall Trend in Client Retention



While there are minimal differences at the 45-day period, there are significant differences at the high end of the retention spectrum (see Figure 8). The likelihood that an addict would stay more than 90 days in the program is statistically significant if he/she was admitted during the second half of the year (see Table 20).

Table 20

Trend in Retention Rate -- 90-Day Period

Date of Admission	Number and Percentage of Clients Retained		Total
	90 days or less	over 90 days	
March - September, 1974	26(92.9%)*	2(7.1%)	28(100%)
October, 1974 - February, 1975	21(70.0%)	9(30.0%)	30(100%)
Total	47(81.0%)	11(19.0%)	58(100%)

$\chi^2=4.92$, $df=1$, $p < .05$.

* Row Percentages.

The increase in the length of residency during the second half of the year is attributed to the staff getting the "bugs" out of the program. The beginning stages of any organizational effort are plagued by uncertainties and trial and error. NEL's data indicates that it has not escaped difficulties of "gearing a program up." However, it does appear that the retention rate is rapidly improving.

2. Comparative Retention Rates

In an attempt to place NEL's retention rate in the context of other drug treatment efforts, an analysis of comparative retention rates for a similar population group is provided. Data for this analysis was obtained from the Alameda County Treatment Alternatives to Street Crime (TASC) project. In essence, this project is a diversion program for heroin addicts. TASC services include the interviewing of clients in the jails, conducting diversion and diagnostic assessments, placing eligible addicts in drug treatment programs, paying for their treatment, and providing follow-up during the treatment process. TASC data is utilized for two reasons. First, the project maintains a client informational file for every addict that it refers to a drug treatment program. The availability of this data, particularly for Chicano addicts, makes the establishment of an adequate sample a manageable task. Secondly, the TASC project is viewed by many County officials as a yardstick for assessing individual drug treatment program effectiveness. That is, since TASC has service contracts with ten different drug treatment programs, comparative retention rates can serve as a measure of program performance. Thus the TASC project provides an adequate informational base and an "acceptable" standard by which to compare various drug treatment programs.

Ideally, controls are constructed at the onset of project operations, utilizing population groups that are matched along key criteria and randomly assigned to experimental or control settings. Such research designs are rarely found among social action programs; consequently, controls must be constructed after the fact. Such is the case here. The data and analysis provided should be viewed as the best comparative information available rather than as being conclusive.

Client data were obtained from the TASC project for the period of January 1, to December 31, 1974. Spanish surnamed addicts screened and referred by TASC during this period were identified. Only inactive cases, i.e., clients no longer in drug programs, were used for comparative purposes. Data regarding these individuals' ages, years of heroin usage, prior treatment, drug program referred to, and days residing in that program were provided. Time and monetary constraints did not allow for the identification of additional TASC client characteristics. For comparative purposes the matched variables of the two groups are provided in Table 21.

Table 21

Comparative Data -- NEL and TASC Clients

Characteristic	Program	
	<u>TASC</u> N=35	<u>N.E.L.</u> N=58
	Percentage of Clients	
<u>Age</u>		
less than 21	14.3	15.5
21 - 25	28.6	50.0
26 - 30	34.3	13.8
31 - 35	11.4	12.1
over 35	11.4	6.9
<u>Years Using Heroin</u>		
less than 2	8.6	10.3
3 - 5	42.9	34.5
6 - 8	20.0	20.7
9 - 11	11.4	5.2
12 - 15	11.4	8.6
over 15		
<u>Prior Treatment</u>		
Yes	45.7	36.2
No	54.3	63.8
<u>Days in Treatment</u>		
less than 15	54.3	19.0
15 - 30	17.1	10.3
31 - 45	5.7	27.6
46 - 60	2.9	10.3
61 - 90	8.6	13.8
over 90	11.4	19.0

Comparing the retention rate of Spanish surname addicts referred by TASC to other drug treatment programs with that of NEL, we find that the latter has a significantly higher retention rate at all periods of time. Figure 9 and Table 22 illustrate the difference in retention rates between NEL clients and Spanish surname addicts referred through TASC.

Using the 45-day period as an example, we find that NEL's retention rate is nearly twice that of other programs, 43.3 and 22.9 percent respectively (see Table 22). Even more alarming is the high split rate during the first thirty days. In other programs 71.4 percent of the Spanish surname addicts are no longer there by the 30th day; in NEL's case only 29.3 percent have left by this time.

Among individual treatment programs only Delancey Street has a higher retention rate for Spanish surname addicts beyond 45 days (see Figure 10 and Table 23). Projects Eden and Chrysalis are the least effective, retaining no Spanish surname addicts beyond 30 days. Delancey Street's perceived effectiveness can be attributed to the fact that it is the most widely known program in the area. It is supported by federal funds, along with monies derived from the five businesses it now owns. These resources provide the opportunity for conducting a more comprehensive rehabilitation effort than in a program such as NEL which has relatively limited funds.

Figure 9

Comparative Retention Rates -- NEL and TASC
Chicano Addicts

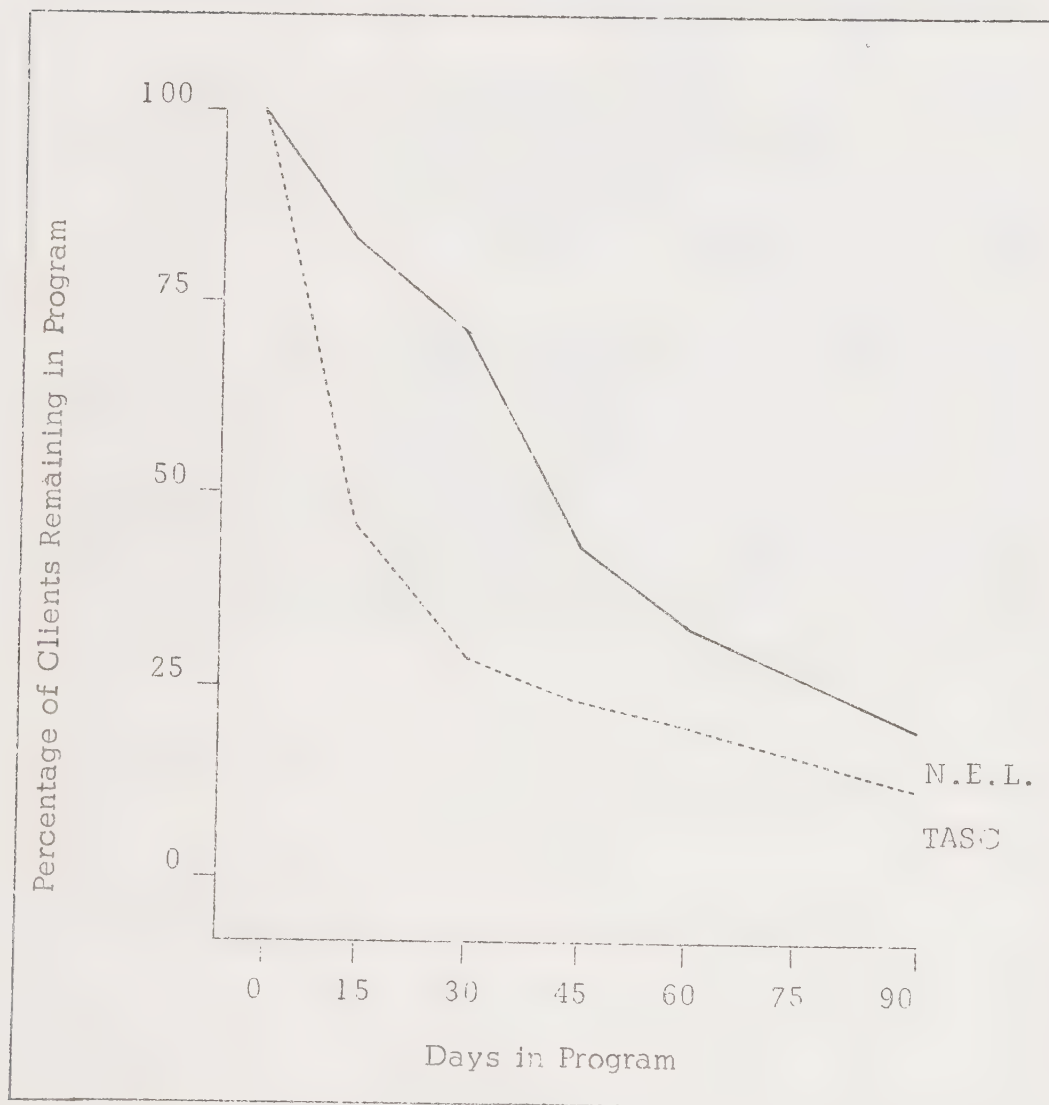


Table 22

Comparative Retention Rates -- 45-Day Period
Chicano Addicts

Program	Number and Percentage of Clients Retained		Total
	less than 45 days	45 days or more	
TASC	27(77.1%)*	8(22.9%)	35(100%)
N.E.L.	33(56.7%)	25(43.3%)	58(100%)
Total	60(64.5%)	33(35.5%)	93(100%)

$\chi^2=3.91$, $df=1$, $p<.05$.

* Row Percentages.

Data provided by TASC for overall retention rates, i.e., all addicts referred through TASC, regardless of ethnicity, shows NEL to have the highest retention rate among all programs (see Figure 11). Though the number of clients referred directly from TASC to NEL is small, there is no reason to believe that NEL's retention rate will not continue to be among the highest. This assumption is based on NEL's first year performance. This is particularly significant since NEL has been able to achieve a better retention rate during its first year than other programs such as Delancey, Walden, Bridge and Group, all of which have had residential programs for at least three years.

Figure 10

Comparative Retention Rates -- Individual Programs

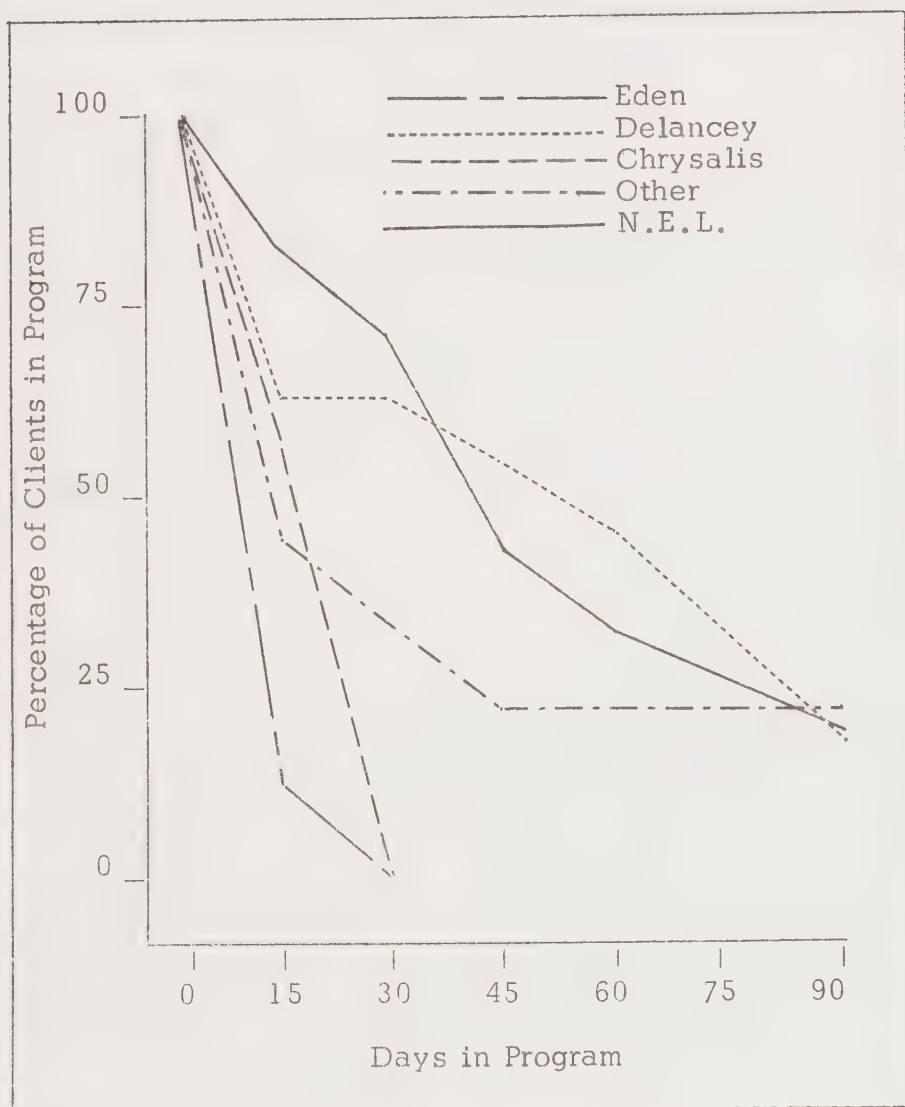


Table 23

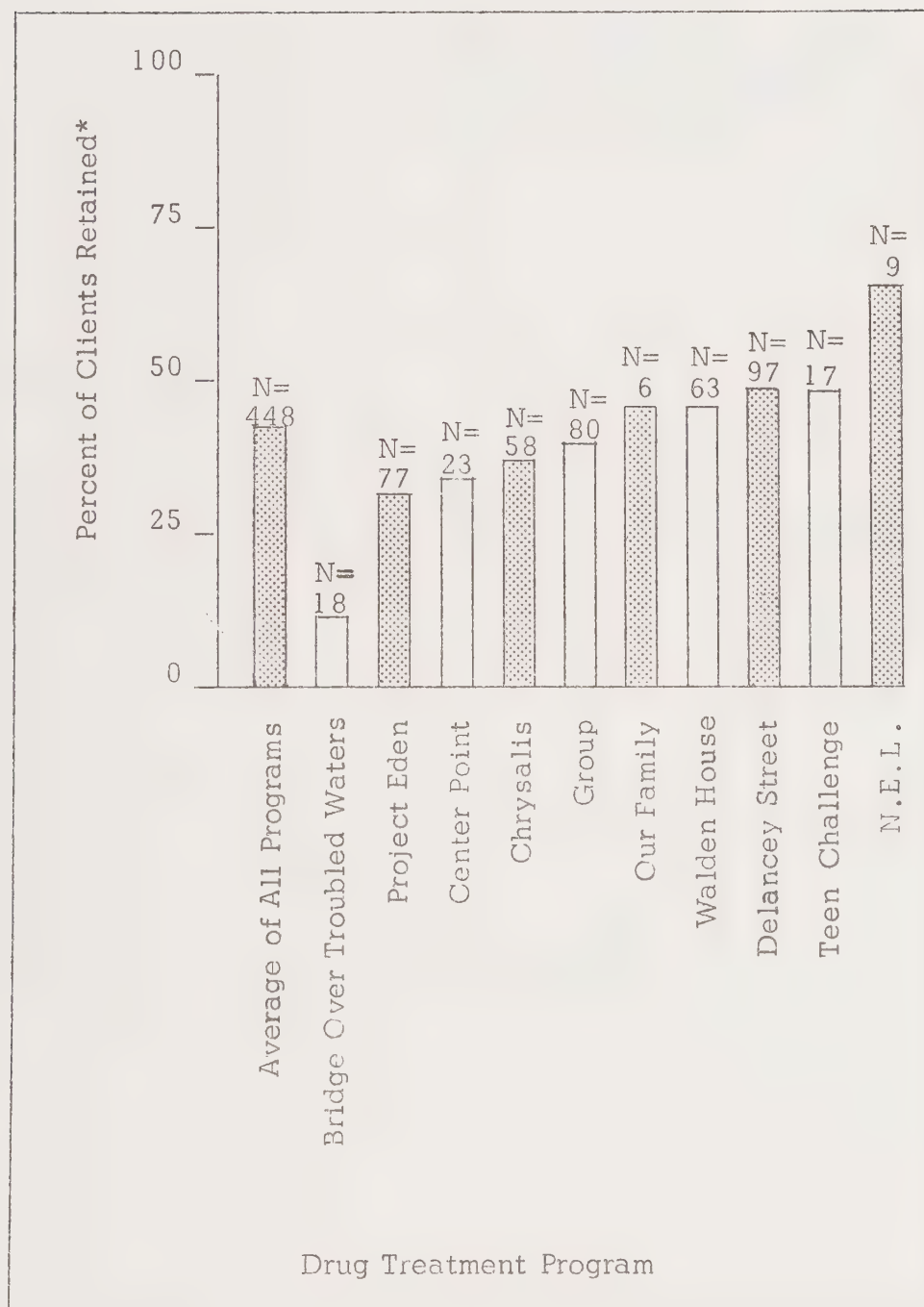
Comparative Retention Rates - Individual Programs
Chicano Addicts

Days in Program	Percentage of Clients in Program				
	Eden (N=8)	Delancey (N=11)	Chrysalis (N=7)	Other (N=9)	N.E.L. (N=58)
15	87.5	36.4	42.9	55.6	19.0
15 - 30	12.5	-0-	57.1	11.1	10.3
31 - 45	-0-	9.1	-0-	11.1	27.6
46 - 60	-0-	9.1	-0-	-0-	10.3
61 - 90	-0-	27.3	-0-	-0-	13.8
90	-0-	18.2	-0-	22.0	19.0
Total	100	100	100	100	100

Figure 11

Retention Rates of TASC

Referrals to Individual Programs
All Addicts



*In this instance, retention rates are not associated with length of residency.
"Percentage of Clients Retained" simply refers to those clients who remain in a particular drug treatment program in compliance with court orders.

3. Recidivism Rate

Among its objectives NEL has stated that:

"Twenty percent of those clients completing the 90 days program will be free from further criminal justice involvement for at least six months."

While the term recidivism has been broadly used to mean the return to crime, its operational definition has varied widely. Some define recidivism as rearrest while others use the indicator of reincarceration. Use has even been made of a "recidivism scale" which associates points to various arrest offenses and their disposition. For purposes of this analysis, recidivism has been defined to include clients who are (a) incarcerated, (b) known heroin users, or (c) in an unknown status. The definition has been extended to include individuals who are presently not involved with the criminal justice system for several reasons. Former clients who are known heroin users are included in the definition because it is assumed that they will be involved in criminal activities in order to support their habit. In many cases it is merely a question of time before they are rearrested. Clients for whom no information is available are assumed to be using drugs. This assumption is based on the high relapse rate among heroin users. Again it is felt that because of their continued usage of heroin they will be reinvolved with the criminal justice system.

Thus the definition of recidivism is extended to individuals outside the criminal justice system. To this extent the analysis will reflect a somewhat higher recidivism rate than may normally be calculated. However, given the high relapse rate among heroin addicts, it is felt that the broader definition will provide a more realistic indication of NEL's overall recidivism rate.

During the first year 11 of the 58 addicts admitted into the program stayed for more than 90 days. As stated in Section V, Project Components, residency of more than 90 days does not mean program completion. Consequently, only eight of the eleven addicts who remained in residency for more than 90 days completed the program, viz., graduated. Thus, of the 58 addicts who were admitted to the program, only eight or 13.8 percent completed the program. These eight ex-addicts did not have any further criminal justice involvement for at least six months after their graduation. For some who completed the program early during the first year, no new criminal

involvement has occurred within twelve months after their graduation. The recidivism objective has been met for every addict who has completed the program.

The overall recidivism rate for all clients is 56.9 percent (see Table 24). This figure includes ten individuals who were not incarcerated but who fall within the recidivism definition previously stated. Excluding these ten clients from the definition would result in an overall recidivism rate of 39.7 percent.

First year statistics indicate that recidivism is significantly affected by the stage of treatment at which an addict leaves the program ($p < .005$). Table 24 illustrates that while the recidivism rate for graduates is zero, the rate for non-graduates is 66.0 percent. It appears that the earlier an addict terminates from the program the more likely he is to be reincarcerated. The recidivism rate for those who leave the program during the Candidacy stage is significantly higher than for those leaving during the Familia/Veterano stage, 75.0 and 57.7 percent, respectively (see Table 24 and Figure 12). It would appear that if the project could maintain clients in residency to the graduation stage that its overall recidivism rate would drop considerably.

Table 24

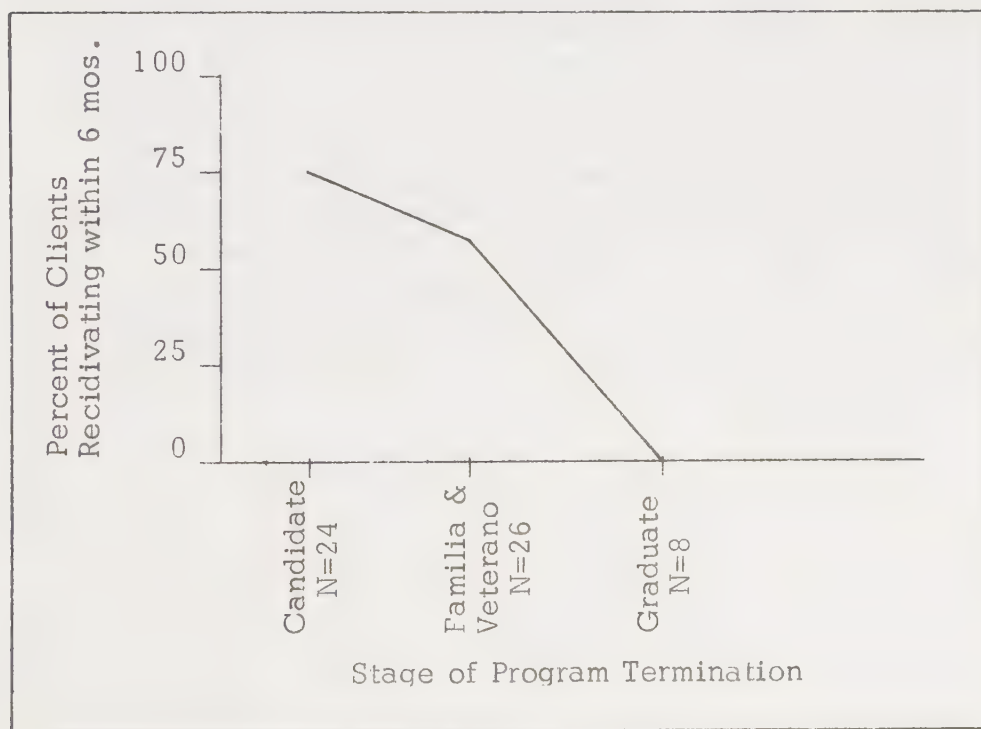
Recidivism Rates After 6 Months for Each Stage of Termination

<u>Incarcerated</u>	Stage of Termination			Total
	Candidate *	Familia/ Veterano	Graduate	
Yes	18(75.0%)	15(57.7%)	0(0%)	33(56.9%)
No	6(25.0%)	11(42.3%)	8(100%)	25(43.1%)
Total	24(100%)	26(100%)	8(100%)	58(100%)

$\chi^2=13.81$, $df=2$, $p<.005$.

*Column Percentages.

Figure 12

Recidivism as a Function of the Stage of Termination

4. Client Placement

The project has also attempted to:

"Place at least 20% of the clients served into training programs or some form of employment."

As part of its aftercare component, NEL places heavy emphasis on educational and vocational training. Project statistics indicate that of the 58 first year clients, four were attending school on a full-time basis and fifteen were employed at the time of program termination. These 19 individuals represent 32.8 percent of all clients. The 20 percent placement objective is clearly being exceeded. NEL is able to place nearly one out of every three clients into an employment, vocational rehabilitation or educational program.

5. Social Adjustment

An underlying aspect of project effectiveness lies in NEL's ability to redirect the self-destructive life styles of heroin addicts into a positive, Chicano-oriented value system and to provide the Chicano addict with the necessary tools to enable him/her to function in the larger society without having to revert to heroin. The addict's ability to cope with reality, that is to deal constructively with the social order which he/she is a part of, is an integral part of an addict's ability to remain drug free. To this end certain patterns and life styles are considered to be more conducive to social adjustment than others; e.g., being employed, attending school, enrolling in a vocational program, etc. In an effort to determine the degree to which NEL clients are able to cope with their environment, a scale of social adjustment has been developed (see below).

Social Adjustment Scale

Social Adjustment Category			
Present Client Status	<u>Positive</u>	<u>Neutral</u>	<u>Negative</u>
	School Employed or Voc. Rehab.	Outpatient With Family (unemployed or not attending school)	Incarcerated No information Known drug usage

The social adjustment scale is divided into three categories--positive, neutral, and negative. The positive category is limited to clients who at the time of the follow-up were attending school, employed, or enrolled in a vocational rehabilitation program. Since many clients have limited educational and employment backgrounds, it was assumed that an active involvement in these activities reflected a change from the client's preprogram status. Clients were placed in a neutral category if their status indicated limited change in social orientation or long-range rehabilitation goals. The negative category represented clients with continued criminal involvement or drug usage. In cases where the status of a client was not known, it was assumed that there was a reversion to drug usage. Present client status as reported by the project, was used as a criterion for determining the degree of social adjustment. In cases where client's status fell into two or more categories, the most positive designation was given. For example, an employed outpatient was placed in the positive rather than the neutral social adjustment category. This method was systematically utilized for all cases.

A six-month follow-up indicates that nineteen of the 58 addicts admitted during the first year have made some positive social adjustments, i.e., are presently employed or enrolled in a vocational rehabilitation program, or attending school (see Table 25). Thus, for nearly one-third of the clients some attitudinal change occurred which motivated them to participate in rehabilitative activities. Prior to their referral to NEL, most of these clients had been high school dropouts and had not been employed during the previous two years (see Tables 10 and 11).

As successful as the project is with some addicts, it is not so for all. In fact, the majority, 33 or 56.9 percent, show signs of not being affected by the project at all. Negative social adjustment, i.e., incarceration or known drug usage, is an outcome which is not atypical among drug-free treatment programs. In fact, serious questions have been raised about the long-term effectiveness of therapeutic treatment programs. NEL's own statistics indicate that until more is known about drug addiction, we will continue to experience high rates of recidivism among heroin addicts.

The point of interest in the social adjustment data is the association between length of residency, i.e., mean ($\bar{X}$) days, and the level of adjustment, i.e., positive to neutral (see Table 25). For addicts who exhibit positive social adjustment the mean length of residency was 103.6 days, while for those who did not change -- neutral -- it was 48.8 days, and for those who showed negative traits it was 45.5 days. This appears to support the hypothesis that length of residency is associated with social adjustment. The longer an addict remains in a treatment program, the greater the likelihood that his short-term rehabilitation will be successful.

Table 25

Client Social Adjustment

Positive Social Adjustment			Neutral Social Adjustment			Negative Social Adjustment		
	N	$\bar{X}$ Days		N	$\bar{X}$ Days		N	$\bar{X}$ Days
School	6	121.8	Outpatient	1	176.0	Incarcerated	23	49.9
Employed or Voc. Rehab.	13	87.2	With Family (unemployed and/or not attending school)	4	28.8	No information	9	30.6
			Methadone	1	2.0	Known drug usage	1	80.0
Totals	19	103.6		6	48.8		33	45.5

C. Project Efficiency

Program efficiency focuses on the relationship between effectiveness and cost. The relative cost associated with the achievement of pre-stated objectives is often of great importance in assessing the "worth" of publicly financed programs. The Narcotics Education League is in its second year as an "experimental and demonstration" project funded by the Law Enforcement Assistance Administration. With the termination of federal funds, local units of government must make the difficult choice of whether to continue funding the project. The program has demonstrated its effectiveness, viz., meeting pre-stated criminal justice impact objectives, yet the question of efficiency remains.

The question of efficiency can be addressed in a variety of ways. In the social service field and in drug treatment approaches many cost-benefit measures are possible. To provide the reader with the broadest perspective possible, a number of measures have been applied to the data. These cost-benefit measures include (1) management efficiency, (2) criminal justice efficiency and (3) comparative efficiency. A brief overview of the economics of heroin is provided to familiarize the reader with the staggering monetary amounts that are involved in the heroin trade.

1. The Economics of Heroin

The use of heroin or its derivative, opium, is not a recent phenomena. It is estimated that at the turn of the 20th century there were as many opium addicts in the United States as there are heroin users today.³² What has changed dramatically since that time, and more specifically since the enactment of the Harrison Act in 1914, are the criminal sanctions imposed on persons who "produce, import, manufacture, compound, deal in, disperse, sell, distribute, or give away opium or coca leaves, their salts, derivatives, or preparations."³³ Legislation has tightened the restrictions on opiate usage to the point where heroin may not be lawfully imported or manufactured under any circumstances.³⁴ It is this change in the legal status of the opiate user which has placed a tremendous burden on the criminal justice system.

³²E. Brecher, Licit and Illicit Drugs, 62 (1972).

³³Id. at 49.

³⁴The President's Commission on Law Enforcement and Administration of Justice, Task Force Report: Narcotics and Drug Abuse, 3 (1967). The law has even extended to ancillary matters such as possession of a hypodermic needle. Possession of such paraphernalia is punishable by a maximum fine of \$500.00 and 6 months in prison according to California statutes: Cal. H&S Code 11364, 11374 (1973).

During the period of 1900-1909 an average of 7.4 tons of opium was legally imported into the United States yearly.³⁵ The most recent estimates point out that it requires only five tons of heroin to supply all the addicts in the United States.³⁶ What cost the addict one cent per grain of pure morphine in 1900 now costs the street addict \$30.00.³⁷ These astronomical prices, coupled with "fencing inflation", raises the street market value of five tons of heroin to a staggering \$12 billion.³⁸ Since it is estimated that one-third of the addicts support their habit by engaging in property crimes, the cost to society in stolen goods alone is \$9 billion per year.³⁹

Based on a number of reports and studies, we can estimate the cost of heroin addiction in Alameda County.⁴⁰

³⁵E. Brecher, *supra* note 32, at 45.

³⁶H. R. Rep. No. 1808, 91st Cong., 2d Sess. 16 (1971).

³⁷E. Brecher, *supra* note 32, at 9.

³⁸A. Little, Inc., Drug Abuse and Law Enforcement, Table I-1 (1967).

³⁹The one-third figure is derived from a number of sources and studies; see P. Cushman, "Methadone Maintenance in Hard-Core Criminal Addicts: Economic Effects", N.Y. St. J. Medicine (1971); S. Lerner, et al., "The Cost of Heroin to the Addict and the Community", J. Psychedelic Drugs (1971); W. McClothin, Alternative Approaches to Opiate Addiction Control: Costs, Benefits and Potential (1972).

⁴⁰See generally, K. Sirotnik, Second Year Evaluation: Venice/UCLA Comprehensive Program of Community Drug Abuse Treatment and Research (1973); C. Weidner, Heroin Addiction in Alameda County (1972); C. Lester, "Trend of Heroin Use in Alameda County", *supra* note 2; letter from M. D. Holman, Assistant Project Director of the Crime Specific Bureau, Berkeley Police Department, "A Study to Determine Relationships Between Burglary and Narcotics", September 26, 1974; memorandum from the California Council on Criminal Justice, "Drug Arrest Projections for Alameda County", August 9, 1972.

Table 26

Factors Related to Heroin Addiction in Alameda County

Total number of addicts (a)	6,800
Total number of male addicts (b)	5,100
Average cost of weekly habit (c)	\$300.00
Fencing inflation factor (d)	3
Male addicts supporting habit from stolen property (e)	30%

(a) Based largely on the study conducted by C. Weidner, supra note 40.	
(b) Based on a sex ratio of 7.5 male, 2.5 female. Since female addicts are more likely to support their habit through prostitution or dealing, they were excluded from the sample.	
(c) Based on a \$50.00 per-day habit allowing for over-estimates and percent of time addicted in a given week.	
(d) This figure reflects the amount an addict must steal to realize a given cash value; e.g., must steal \$150.00 worth of property to obtain \$50.00 in cash.	
(e) Based largely on the evaluation conducted by K. Sirotnik, supra note 40.	

Table 27

Economic Cost of Heroin Addiction in Alameda County

Weekly cost (before fencing factor)(a)	\$ 1,530,000
Weekly cost (after fencing factor)(b)	4,590,000
Yearly cost (after fencing factor)(c)	238,680,000
Cost of stolen property required to support heroin addiction(d)	71,604,000

(a) Obtained by multiplying number of male addicts by cost of weekly habit.	
(b) Obtained by multiplying previous amount by fencing inflation factor.	
(c) Obtained by multiplying previous amount by 52.	
(d) Obtained by multiplying previous amount by 30%.	

Table 27 indicates that over \$71 million worth of real and personal property is stolen to support the yearly habits of heroin addicts in Alameda County.

2. Management Efficiency

One of the effectiveness measures of any program is the ability of the administrator to efficiently allocate and control the resources at hand in order to meet prestated objectives. A further test of efficiency is how well the administrator is able to respond to the needs of the client population the program is serving. This analysis then addresses itself to the efficiency in which project management delivers services to clients.

The major resources of NEL's residential treatment program are in the form of personal salaries. During its first year \$47,925 of the total project cost of \$74,943 was expended on personal services (see Table 28). This amounts to an average salary of \$9,585, including fringe. Of the personal service expenditure, \$24,316 or 50.7 percent was allocated for administration and \$23,609 or 49.3 percent for direct service personnel, viz., counselors. The balance of the budget, \$27,017, was earmarked for equipment and operating expenses. As can be noted in Table 26, the administrative costs consume 32.4 percent of the total resources, using the following formula:

$$\text{Raw Administrative Cost Ratio} = \frac{\text{Administrative Salaries}}{\text{Total Project Cost}}$$

On its face it would appear that the project is "top heavy" in administration. Upon closer examination, it turns out that the project director and the administrative assistant also manage the drop-in center. The budget of the drop-in center is \$30,000. If we assume that the time devoted to administration is directly proportionate to the respective costs of the drop-in center and residential components, then the true administrative cost for the residential program can be reduced by 28.6 percent. Reducing the administrative cost for the residential program by this percentage would result in an actual administrative cost of \$17,362 or 23.2 percent using the following formula:

$$\text{Adjusted Administrative Cost Ratio} = \frac{\text{Administrative Salaries}}{\text{Total Project Cost} + \text{Drop-in Center Cost}}$$

Table 28

NEL Expenditure for 3/1/73 - 2/28/74
Residential Program

1. Personal Services	
A. Administration	
Program Coordinator	\$ 12,000
Administrative Assistant	10,000
Fringe Benefits @10.53%	<u>2,316</u>
<u>Subtotal</u>	24,316
B. Direct Services	
House Manager	10,000
(3) Counselors	11,360
Fringe Benefits @10.53%	<u>2,249</u>
<u>Subtotal</u>	23,609
C. <u>Total</u>	47,925
2. Travel	2,420
3. Consultant Services	875
4. Equipment	1,571
5. Supplies	22,152
	<u>Grand Total</u> \$ <u>74,943</u>

Among community based corrections programs an administrative overhead of 25 percent is a reasonable figure. In comparison with other such projects, NEL has one of the lower administrative cost ratios (see Table 29).

A second area of inquiry is in the proportion of resources that are allocated for the delivery of direct service versus the administration of these services on a per-client basis. During its first year NEL accounted for 3,660 client-treatment days. This represents the total number of client days in treatment. Dividing the total number of client days into the adjusted total project cost of \$67,198, we find that it costs NEL \$18.36 per client day. Of this amount \$4.26 is for administration and \$14.10 for direct services. Thus, the cost ratio of administration to direct services is 1:3.3. This means that 23 cents of every residential treatment dollar goes toward administration and the remaining 77 cents goes toward client rehabilitation. Comparing these management costs to other programs we find that NEL is relatively cost efficient. Compared to other drug programs NEL has the lowest cost per-client day and administrative overhead (see Table 29). NEL's adjusted administration to direct service ratio is similar to that of non-drug oriented community based corrections programs. Comparing NEL with TASC we find that the former provides the same level of client service for nearly half the money. On a per-client basis NEL exceeds TASC's administration to service ratio by a factor of over five. That is, for every dollar TASC spends on administration it provides 60 cents worth of service, whereas NEL provides \$3.30 of service for every administrative dollar. Comparing NEL with non-drug treatment programs we find overall management efficiency to be similar.

NEL's adjusted administration costs are similar to those of projects Seventh Step, Allied and Intercept. Its cost per-client day is somewhat higher but falls within the \$9.69 to \$25.81 range of the other three projects. NEL's management efficiency is similar to that of Project Intercept, the latter having been judged to be highly cost effective in previous national and local evaluations.⁴¹

⁴¹See, J. Fagan, Final Evaluation of Project Intercept (1974), and ABT Associates, Pretrial Intervention: Final Report (1973).

Table 29

Comparative Administrative and Direct Service Costs*

<u>PROJECTS</u>	<u>Cost Per Client Day</u>			Percent Admin. of Total Project Cost	Admin. to Service Ratio
	Total	Admin.	Service		
<u>Drug Programs</u>					
● Caucus (1973-74)	\$38.41	\$13.00	\$25.41	33.9	1 to 1.9
● TASC (1974)	34.53	22.19	12.33	64.3	1 to 0.6
● Santa Rita (1973-74)	25.71	9.36	16.35	36.4	1 to 1.7
● NEL (raw) (1973-74)	20.48	6.64	13.84	32.4	1 to 2.1
● NEL (adjusted) (1973-74)	18.36	4.26	14.10	23.2	1 to 3.3
<u>Halfway Houses</u>					
● Seventh Step (1974-75)	25.81	6.43	19.38	24.9	1 to 3.0
● Allied (1973-74)	9.69	2.24	7.45	23.1	1 to 3.3
<u>Employment/Diversion</u>					
● Intercept (1973-74)	14.21	3.31	10.90	23.3	1 to 3.3

* Sources for the information contained in this table are quarterly progress reports submitted to the Alameda Regional Office of Criminal Justice Planning and/or evaluation studies conducted by that office. All projects listed are funded in whole or in part by the Alameda Regional Office of Criminal Justice Planning.

3. Criminal Justice Efficiency

As previously mentioned, the yearly cost of heroin addiction in Alameda County is over \$71 million in stolen property alone. If we add to this sum all other illegal means of obtaining heroin, plus the cost of "controlling" heroin addiction through apprehension, trial, incarceration, treatment, rehabilitation, education, etc., it is not unreasonable to assume the total cost to be nearly one-quarter billion dollars.

The extent to which these costs can be reduced is a general indication of the degree of efficiency that a particular type of social intervention demonstrates. On a microcosmic level, we will examine the criminal activity attributed to NEL clients and the extent to which the societal cost of that activity has or has not been reduced by the project's activities.

As noted in the section on client characteristics, NEL clients generally have a long history of heroin usage; 52 percent had been addicted for six or more years. The daily heroin cost of these clients range from \$25 to \$250 with a mean daily habit of \$76 (see Table 16). In addition, a large portion, 72.4 percent, used heroin daily (see Table 15). It appears that the majority of NEL clients supported their habits through illicit means, based on the fact that nearly 52 percent of the clients had not worked during the previous two years and another 31 percent had worked less than 26 weeks (see Table 11). These employment figures are coupled with the fact that over two-thirds of the clients were also semi- or unskilled. These statistics could hardly account for a means of income that would support a \$76 per day heroin habit. On the basis of these figures it is assumed that anywhere between 70 and 80 percent of the addicts in NEL's program financed their habits through criminal means. It can reasonably be assumed that half those involved in criminal activity rely on some form of theft as a means of supporting their habit. Thus, approximately 35 percent of the total heroin usage of NEL clients can be attributed to theft and related property crimes. To determine the cost-benefit ratio of NEL, that is, the rate of return for a given investment, the following formula is applicable:

$$\text{Cost Benefit Ratio} = \frac{(D_c) (C_h) (P_t) (F_f)}{E_p}$$

Where:

D_c = Number of drug-free client days
 C_h = Mean cost of the daily heroin habit
 P_t = Percentage of heroin usage supported through theft and related property crimes
 F_f = Fencing factor
 E_p = Program expenditure

The values for the factors above are as follows:

$D_c = 3,660$
 $C_h = \$76$
 $P_t = .35$
 $F_f = 3$
 $E_p = \$74,943$

The calculation for the cost benefit ratio can thus be undertaken.

NEL clients spent a total of 3,660 drug-free days (D_c) in the residential program. The raw cost of maintaining a \$76 per day habit (C_h) for 3,660 days is \$278,160. Multiplying this figure by the percentage of resources obtained through theft of personal property (P_t) and the fencing factor (F_f), the cost rises to \$292,068. If we assume that in the absence of treatment NEL clients would continue their heroin usage, it would cost society a minimum of \$292,068 to maintain the habit of 58 addicts over 3,660 man days. Comparing this cost to the \$74,943 (E_p) of NEL's first year expenditure, we find that the cost benefit ratio is 3.9 to 1. That is, for every dollar invested in NEL, the return in savings to the community is \$3.90.

There are, however, additional factors which must be considered, since the criminal justice system is interested in the long, as well as short-term benefits of treatment. A common criminal justice outcome indicator is that of recidivism. In this context the question would be: How much does it cost to prevent an individual from recidivating over a given period of time? As noted in Tables 15 and 16, NEL clients have an active history of criminal involvement. It can be assumed that most are likely to recidivate because of their addiction to heroin and arrest and conviction records. Using a minimum follow-up period of six to twelve months, we find that 25 or 43.1 percent of all

clients had not been rearrested or involved in drug usage (see Table 25). The savings to the criminal justice system of these "rehabilitated" individuals is substantial. We again assume that these individuals in the absence of treatment would continue their drug usage. This alone would result in property crimes valued at nearly \$389,000 for the six-month period. That is, 25 addicts with a daily habit of \$76 would steal \$388,930 worth of real and personal property to support their heroin usage.

If all 25 individuals were rearrested the day after they left the program and were subsequently reconvicted and reincarcerated or again placed in drug treatment programs, the cost would be between \$112,700 and \$203,000, the variation being dependent on whether the individual is incarcerated or diverted to a drug treatment program and at what point such action was taken. These figures are based on the assumption of one arrest and conviction per client, incarcerated in a county facility between 30 and 180 days and/or treatment in a drug-free residential facility of between 0 and 150 days (see Table 30). We can thus see the benefits of ex-addicts remaining drug and arrest free for six months after leaving the program. If these individuals were arrested the day after they left the program, the minimum cost would be \$112,700; if they received treatment, the cost would rise to \$203,000. If, on the other hand, the individuals remained "at large" and maintained their drug habits, the cost would be \$389,000 in property crimes alone.

The total cost benefit of NEL, combining both the short- and long-term value ranges from 5.4 to 9.1. For every dollar invested in NEL the return to the County ranges from \$5.40 to \$9.09, depending on when the "hypothetical addicts" are rearrested and what type of "rehabilitation" they are afforded.

Table 30

Cost of Processing an Addict Through
the Criminal Justice System

Cost of Arrest (per client) (a)	\$ 1,200.00
Cost of Trial (per client) (b)	2,000.00
Cost of Incarceration (per client per day) (c)	15.00
Cost of Treatment (per client per day) (d)	34.52

(a) Estimate based on current police department budgets and arrest rates.	
(b) Assumes two municipal court hearings at \$350.00 cash and one superior court hearing at \$1,300.00.	
(c) Cost based on standard adopted by County Board of Supervisors.	
(d) Cost based on TASC figures over the period 1/74 - 6/74.	

4. Comparative Drug Program Efficiency

Generally, any drug treatment program will pay in terms of benefits to the non-addict population. If we incarcerate an addict at an average cost of \$5,475 per year and crime of \$10,000 to \$20,000 per year can be averted, then even incarceration can be justified as being cost-effective. However, this conclusion does not consider that there are limited funds for addiction services and that priorities must inevitably be established among the host of rehabilitation programs that seek public funds. To determine the comparative benefit of various rehabilitation efforts we must not only examine their immediate cost-benefits to society but the relative effectiveness of maintaining the addict drug free once he/she has been terminated from a program. If, for example, the cost of treatment per day per client is \$20 and the recidivism rate within six months is 50 percent, then the actual cost of maintaining a client drug free for six months is \$40 per day, since only half of those that are treated remain drug free. Thus, a general index of how cost effective various treatment approaches are requires that recidivism as well as costs are taken into account.

In examining the costs and recidivism rates among drug treatment programs one is immediately faced with the paucity of information on which to make reliable judgments. For the purpose of this analysis several simplifying assumptions have been made in order to make comparative estimations of cost-effectiveness possible. The information which is most reliable is that from NEL, since the evaluator spent considerable time retrieving, codifying and computerizing the information. Data pertaining to other treatment efforts are exclusively based on previous research studies and no attempt was made to verify the accuracy of the information contained in these reports. The general quality of the research study was used as an indicator of the data's reliability.

The cost of rehabilitating heroin addicts varies considerably. The most inexpensive approach is that of methadone maintenance. For example, the Sacramento Methadone program serves an average of 300 clients daily at a per client cost of \$4.98. Costs for methadone are generally low because of its outpatient orientation. In addition, counseling of addicts is often a secondary and less important aspect of the treatment approach. As a result, live-in facilities and counseling staff are not usually required. In comparison, drug-free, live-in, therapeutic communities are among the most expensive forms of treatment. Among the sample of therapeutic community projects the cost ranges from \$11.68 to \$34.52 per client day with an average daily cost of \$19.40 (see Table 31). The differences in costs are for the most part due to different staffing patterns, the bulk of the total project cost going for administrative and counseling personnel. NEL, as a typical example, has 63.9 percent of its total budget allocated for personal services (see Table 26).

The recidivism rates are as varied as are the costs per client day. They range from a low of 9 percent to a high of 84 percent. With the exception of the Camerillo Short Term program at the Camerillo State Hospital, the recidivism rates among therapeutic communities is over 50 percent. In some cases it is over 80 percent (see Table 31). As previously stated, these recidivism rates provide a more complete picture of the real cost of rehabilitation. Multiplying the cost per client day by the percentage of clients who have not recidivated, we obtain the true cost of rehabilitation. We assume that those who recidivated did not benefit from treatment. Although this assumption is often questioned, particularly by drug treatment programs, in the absence of quantifiable social-psychology tests that measure attitudinal and behavioral changes, recidivism will remain the "acid test" in judging treatment programs funded by the criminal justice system. As can be expected, methadone maintenance has the lowest adjusted cost, \$6.15 per client day.

Table 31

Cost -- Effectiveness of Various Treatment Modalities

<u>Program</u>	<u>Cost Per Client Day</u>	<u>6-12 Month Recidivism Rate</u>	<u>Adjusted Cost Per Client Day</u>
<u>Therapeutic Community (TC)</u>			
● NEL	\$ 18.58	55%	\$ 41.29
● TASC 1(a)	34.52	58%	82.19
● Walden - San Francisco(b)	11.68	82%	64.89
● Camarillo Short Term - Camarillo State Hospital(b)	19.20	43%	33.68
● Open Clinic - Los Angeles(b)	13.00	84%	81.25
<u>Hospital Based</u>			
● Sacramento Methadone(b)	4.98	9%	6.15
<u>Prison Based</u>			
● California Rehabilitation Center(CRC)(c)	10.94	74%	42.08
(a) Source: Waldorf, et al., supra note 24, at 135. Recidivism rate is based on "split" and "administrative drop" rates. (b) Source: System Science, Inc., supra note 13, at 49, 58. (c) Source: S. Lerner, et al., "The Cost of Heroin to the Addict and the Community", J. Psych. Drugs.			

Among the other programs the costs range from \$25.58 to \$82.25. NEL has one of the lower adjusted costs per client day, \$41.29 (see Table 29). This is due to its relatively low recidivism rate. In comparison with CRC, its unadjusted cost per client day is \$7.64 more, yet its adjusted rate is \$0.79 less. The recidivism rates for NEL and CRC are 55 and 74 percent, respectively. NEL appears to be one of the more efficient drug treatment programs. Although its yearly adjusted client cost seems high--\$15,071 the figure is low compared to costs of other programs or of supplying a habit on the street.

D. Survey of Non-Project Agency Personnel

In this section the comments of persons not directly associated with NEL are presented. A short five-item questionnaire was mailed to a cross section of community and criminal justice agency personnel. Of the 53 persons contacted, 35 returned their questionnaires; a response rate of 66 percent. Persons were selected on the basis of their contact with or knowledge of the program. Individuals ranged from public defenders, judges, parole officers and other criminal justice representatives to Spanish speaking community representatives. The survey was conducted to solicit their brief opinions on how they viewed the project; whether it assisted them in their work, if they felt the program was successful (or a failure) and what suggestions they had in improving the program. The responses are summarized and an analysis of these comments is provided.

As mentioned above, the respondents represented a cross section of criminal justice and community agency representatives. Most responses came from parole and probation officers (see next page).

<u>Response Types</u>	<u>Number</u>	<u>Percent</u>
Probation/Parole Officers	14	40.0
Judges/Public Defenders/D.A.'s	8	22.8
Directors of drug-related programs	5	14.3
Directors of non-drug related programs	4	11.4
Directors of Spanish speaking community programs	4	11.4

Geographical Location of Respondents

	<u>Number</u>	<u>Percent</u>
Oakland	24	68.6
Other - Alameda County	9	25.7
Out of County	2	4.5

The geographical distribution of respondents is concentrated in Oakland. This is due to the program's location, which is also in Oakland.

Responses to Questions

Question 1. Has this project assisted you in your work?
(explain)

	<u>Number</u>	<u>Percent</u>
Yes	29	82.9
No	3	8.5
Do not know	3	8.5

Most respondents indicated that NEL has been of assistance to them. NEL has been particularly helpful to criminal justice agencies in its role as a referral source for drug addicts, in insuring that clients appear at designated court hearings; and in providing systematic feedback and client status to criminal justice representatives.

Question 2. In terms of treating Chicano heroin addicts, how would you rate the overall effectiveness of this project?

	<u>Number</u>	<u>Percent</u>
Excellent	15	42.8
Good	9	25.7
Average	3	8.5
Fair	2	2.8
Poor	2	5.7
Don't know	5	14.3

On what do you base your judgment?

	<u>Number</u>	<u>Percent</u>
Personal contact or observation of program or project staff	12	34.3
Recommendation from reliable authorities or project clients	8	22.9
Treatment aspect of program	6	17.1
Community reaction to program	5	14.3
No comment	4	11.4

The responses to the question of program effectiveness indicate a very favorable overall rating. Over two-thirds of the respondents rated NEL as either good or excellent; only three individuals felt the program was fair or poor. Most responses were based on personal contact with the program.

Question 3. What would you consider the most effective aspect of this project? Explain.

	<u>Number</u>	<u>Percent</u>
Chicano orientation (bi-cultural and bilingual)	14	40.0
Drug free, live-in treatment modality	8	22.9
General organizational structure	4	11.4
Project staff	3	8.6
No comment	6	17.1

Responses to this question indicate a strong feeling that NEL's homogenous cultural value is a critical and positive factor in the rehabilitation of Chicano addicts. Several responses underscore this point:

- NEL provides a service specifically for Chicano addicts who historically have had difficulty succeeding in therapeutic communities. The fact that NEL is bi-cultural and is run by Chicanos makes it better able to serve the Chicano community -- Probation Department Administrator.
- The ability to work with the Chicano who is otherwise unreached by other programs -- Municipal Court Judge.
- The Chicano character of the program has tremendous associational value for those identifying with that culture. This certainly must be a strength of the program -- Probation Officer.

Question 4. What recommendations would you offer the Project? (explain)

	<u>Number</u>	<u>Percent</u>
Improve and/or expand present services	11	31.4
Improve communications and PR functions public agencies	5	14.3
Reorganize the administration/board of the project	5	14.3
Obtain more stable funding source	4	11.4
No comment	10	28.6

Most recommendations suggested the improvement or expansion of services. A more effective job placement component was mentioned by several individuals. Emphasis on aftercare and outreach was also mentioned as requiring strengthening. The expansion of services recommendations concentrated on ancillary services for NEL clients: day care facilities for female addicts with children, alcoholism program, drug education, etc. Several recommendations pertaining to improved communications with agencies were made, including the following:

- More contact as to progress of persons placed in the program and their attorney. More frequent progress reports to the court -- Municipal Court Judge.
- NEL has made an effort to meet the needs of the criminal justice system in terms of contacting the Probation Department when clients split and provide progress report information. However, they have been somewhat inconsistent in this area and could improve -- Probation Department Administrator.

Comments pertaining to NEL's organizational structure were particularly succinct. Several comments were made regarding the counseling and administrative capability of staff. It was suggested that staff obtain additional education and in-service training to supplement their "street knowledge." In addition, it appears that a certain portion of the Spanish speaking community is reluctant to support the program. It is suggested that the project seek ways of ameliorating its differences with certain segments of the Spanish-speaking community.

Question 5. Would you recommend expansion, maintenance or curtailment of this project?

	<u>Number</u>	<u>Percent</u>
Expand	23	65.7
Maintain as is	5	20.0
Curtail	2	5.7
No response	5	14.3

The overall consensus seems to be that the project provides a necessary service for Chicano addicts, that its overall performance is quite satisfactory and that it should continue to improve and expand its services. Improvement should be made in the area of agency, community and court communication, increased training for staff, and in developing a stable long-range funding source.

VIII. METHODOLOGY

A. Focus of Study

Evaluation is a term which is loosely applied to a wide variety of investigatory efforts. All seek to answer basic questions regarding a particular project, program or policy. This "rubber band" definition of evaluation can accommodate almost any systematic inquiry. As a result, the term evaluation has been used to describe a host of activities ranging from monitoring -- which at times is nothing more than documenting the fact that a project opens its doors in the morning -- to sophisticated, experimentally designed research studies which have broad social policy implications. The parameters of this study are formulated within the context of such diffuse and extensible approaches to evaluation. The study is essentially a project evaluation. That is, it is limited to those activities which are funded by the Alameda Regional Office of Criminal Justice Planning, viz., "Narcotics Education League Residential Treatment Facility". The evaluation does not address itself to broader program questions, i.e., the value of drug diversion, or general social policy issues such as therapeutic communities vs. heroin maintenance.

In the process of setting the focus for this study, the evaluator has made repeated simplifying assumptions in order to make the task of evaluation more manageable, given the time and monetary constraints. The reader will no doubt find parts of this report that are underdeveloped and other sections which are belabored. This is unavoidable in cases such as this where a host of interests must be taken into account. The conflicting demands placed upon this study by the array of interested parties makes it impossible to address all areas of concern. This audience includes, but is not limited to, the State and Regional Office of Criminal Justice Planning, the Regional Planning Board, the project's staff and Board of Directors, the sponsoring agency, viz., Probation Department, the Spanish-speaking community, the project clients and the evaluator himself. Within the context of these constraints, the evaluation attempts to address the concerns of the widest possible audience.

The purpose of the evaluation effort is threefold. First and foremost, the study provides individuals concerned with policy and funding decisions an understanding of how effectively and efficiently the project is performing. State and Regional guidelines mandate that projects have a "direct impact" on the crime problem and its control. This mandate is translated into measurable impact objectives which are written into the project's performance contract. The study, in turn, focuses on the extent to which these project objectives have been met. This then provides an indication of the degree of project effectiveness. An additional indicator of performance is that of cost. Subsequently, project efficiency is also examined so that policy makers are provided with project outcomes that are linked to dollar amounts.

Secondly, the evaluation addresses itself to the question of process. The measurement of the degree of success or failure encountered by a project in reaching predetermined objectives is essential. Yet, it is felt that a project fulfills other functions besides achieving contractually stated objectives. The dynamics of the project's decision-making process, client flow, treatment modality and underlying philosophy are all perceived to be integral components of the project's "gestalt".

An analysis of these features conveys to all audiences a sense of "what is actually going on in the project". In most instances written proposals, upon which projects are funded, differ significantly from the actual activities of the fully operational project. In conducting a process evaluation the reader is given information pertaining to the detailed and internal workings of the project. This provides a greater context in which to assess overall project performance.

Finally, the evaluation serves as a management tool for project administrators. It provides systematic feedback pertaining to the project's strengths and weaknesses. It offers management the opportunity to have their project viewed from an "outside perspective". Such an analysis often results in management becoming keenly aware of the project's limitations. Aside from identifying areas which should be strengthened, the evaluation also provides management with a set of recommendations which hopefully will improve the overall efficacy of the project.

B. Approach

Several traditional research approaches were used to generate information for this study. First, extant data and information were analyzed to provide an overview of project operations and a context for the evaluation effort. Extant data included project-oriented reports, legal contracts, criminal justice statistical summaries, previous evaluation reports and other relevant literature. Secondly, new data bases were developed through various surveys, non-participant observations, structured interviews, etc. These sources were used to provide additional data where informational gaps existed.

While data collection and information-gathering methods were performed in traditional ways, nontraditional use has been made of both the extant data and that developed in the course of this evaluation effort. For example, extant and newly generated data were used to determine the degree of organizational congruance with respect to project objectives.

With respect to data and information developed in this specific study, the evaluator sought to involve a cross-section of groups and individuals that are directly and indirectly affected by the project. While it was not possible to solicit the concerns and inputs of all audiences, the evaluator was able to obtain systematic information from small samples of affected population groups. Client and community surveys were developed to elicit qualitative information regarding project activities and performance. In both cases a trade-off was made between "scientifically valid" statistical sampling methods and practical considerations. This compromised the ability to draw inferences to larger population groups but did not undermine the expression of views of a fair sampling of clients and community representatives.

The data collection itself was undertaken primarily by this evaluator and his assistant. Several informational needs, i.e., client and comparative data, were summarized by project and other agency personnel. Data used in the outcome analysis were collected and summarized by project staff under the supervision of the evaluator. In addition, comparative client data were made available by the federally funded, "Treatment Alternatives to Street Crime" (TASC), project. Comparative efficiency information was culled from previous evaluation reports. Due to time and monetary constraints, secondary data sources were not verified for their "scientific" reliability and validity. However, based on the professional opinion of this evaluator and the working relationship of the Alameda Regional Office of Criminal Justice Planning with the Narcotics Education League and TASC over the previous two years, it is concluded that the data presented is as accurate and complete as possible. Given the nature of community-based drug rehabilitation efforts, the data should be viewed as the best information available, but not as conclusive.

EVALUATION DESIGN MATRIX

		<u>Data Sources</u>												
		<u>Primary</u>						<u>Secondary</u>						
<u>Project Evaluation Data Requirements</u>	<u>Staff Questionnaire</u>	<u>Resident Follow-Up</u>	<u>Community Survey</u>	<u>Board of Directors Interview</u>	<u>Staff Delbecq</u>	<u>Drug Project Directors Interview</u>	<u>Site Visit and Non-Participant Observation</u>	<u>Extant Non-Project Data</u>	<u>Extant Project Data</u>	<u>Client Data</u>	<u>TASC Data</u>	<u>Evaluation Review Committee</u>	<u>Evaluator Analysis</u>	
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C. Sources

The data used for this report were gathered from a variety of sources (see the Research Design Matrix). The type and variety of information collected were determined with a view toward providing a comprehensive and detailed picture of project performance and process. To this end both primary and secondary data sources were utilized.

1. Primary Sources

Several survey instruments were developed to provide requisite information which filled existing data gaps. All instruments generated adhered to basic social research requirements. Each questionnaire was pretested to insure reliability and validity. Survey instruments incorporated both fixed-alternative and open-ended questions. In cases where questionnaires were mailed to the sample, a telephone follow-up was conducted in order to obtain an adequate response rate. Use was made of mailed questionnaires, telephone interviews and structured personal interviews. Primary sources are listed as follows:

- a. Staff Questionnaire -- a structured survey was administered to all project staff (drop-in center and residential facility). The questionnaire elicited information pertaining to staff's perceptions regarding heroin addiction and treatment. This provided information relating primarily to the philosophical underpinnings of the project.
- b. Resident Follow-Up -- a client survey was administered to a sample of "inactive" residents. Of 58 first-year clients, 19 completed the questionnaire for a 32 percent response rate. The survey consisted primarily of short open-ended questions. Clients were asked to rate the services that the project provides. In addition, clients were given the opportunity to express their opinions on varied aspects of the project. The questionnaire sought to identify the strengths and weaknesses of various program areas.

- c. Community Survey -- this survey of non-project participants was directed at individuals who had some contact with, or were affected by, the project. A list of 53 persons was jointly compiled by the project administrator and this evaluator. Efforts were made to identify a cross-section of community interests. Of the 53 mailed questionnaires 35 were returned for a 65 percent response rate. The questionnaire was a one-page, five-item survey. The open responses sought to elicit information regarding project performance.
- d. Board of Directors Interview -- a telephone interview of Board members was conducted. This interview was oriented toward project awareness and organizational congruance. Members were queried as to their understanding and knowledge of the residential treatment project. In addition, they were asked to identify organizational objectives. All questions were open ended. Assurances were made to be as unbiased as possible by utilizing an "impartial" interviewer.
- e. Staff Delbecq -- a nominal group session was conducted with project staff. The specific purpose of this process was to identify staff's perceptions of organizational goals and priorities. This information was generated for purposes of analyzing organizational objectives and determining their degree of congruance.
- f. Drug Project Directors Interview -- structured interviews were conducted with a sample of San Francisco-Bay Area drug projects. The directors of these projects were interviewed for the purposes of eliciting information pertaining to their experience in rehabilitating Chicano addicts. A total of seven interviews were conducted. All projects selected were drug-free, live-in therapeutic communities.

Site Visits and Non-Participant Observations -- numerous site visits were made by this evaluator during the course of the study. The purpose of these visits was to obtain information regarding various aspects of project operations. The site visits also served to facilitate extant data retrieval and they provided for limited non-participant observation. Time did not permit for extended participant observation, such as actually living at the residential facility. During site visits field notes were maintained. These notes were used in reconstructing the project's general administrative and treatment milieu.

2. Secondary Sources

Several source materials were used to provide orientation to the specific problems of Chicano heroin addicts, the unique character of NEL clients, and the overall performance of the project. As secondary sources, all available reports and analyses were examined to guide the development of the final research design. Secondary sources used were as follows:

- a. Extant Non-Project Data -- an extensive literature search was conducted with a view toward identifying data sources that pertain to heroin addiction among Chicanos. While the search provided much relevant information regarding drug addiction and treatment modalities, few sources addressed themselves specifically to the Chicano addict. This evaluator did not find a single study which systematically and comprehensively evaluated the rehabilitation effort of Chicano heroin addicts. Consequently, the research design was refined on the basis of literature and studies that dealt with other population groups, i.e., Blacks and Anglos. While some rehabilitation aspects transcend ethnicity, it is felt that the evaluation design has suffered from the paucity of comparative information that identifies unique aspects of the Chicano addict's perspective and life style.

- b. Extant Project Data -- a thorough review of all project generated data was undertaken. This included an analysis of all administrative documents, forms and reports. In addition, organizational documents such as articles of incorporation and third party contracts were reviewed. This data provided vital information in the reconstruction of project related events and occurrences.
- c. Client Data -- was obtained from existing records maintained by project personnel. Each client has on file a "jacket" which contains intake, through-take and follow-up information. This information is largely self-reported and transferred onto various forms by project personnel. To insure client confidentiality a case-numbering system was used by this evaluator. In no instance could client data be associated with a particular individual by name. As has been noted by previous evaluation efforts of community-based drug treatment programs, client data is frequently sparse, inconsistent and inaccessible. However, in the case of NEL, the data available was superior both in terms of quantity and quality, to that of other local drug programs that this evaluator is familiar with. This conclusion has been confirmed by other evaluators who have seen the data. These remarks notwithstanding, it must be stated that the data received cannot be construed to be free of error; it must be viewed as the best information available under the circumstances. The reader must be aware of the limitations of the client data due to the manner in which it was reported and collected.
- d. TASC Data -- comparative data was obtained from the statistical unit of the TASC project. Information regarding Spanish surnamed clients referred to drug treatment programs other than NEL was made available. Certain client characteristics were also reported. In addition, overall client retention rates for various drug-treatment programs were provided. All data was collected and summarized by TASC staff.

- e. Evaluation Review Committee -- a committee of project staff and clients was established to provide systematic feedback during the evaluation effort. The committee assumed an active role in the conduct of the study. During bi-monthly meetings the committee served as an important, idea-gathering, sounding and advisory body.
- f. Evaluator Analysis -- the evaluator synthesized all primary and secondary data in the formulation of new ideas and concepts relating to all aspects of the project. Though personal bias cannot be completely removed from an analysis of social and human interaction, the evaluator sought to temper his own preconceptions with existing data sources. The synthesis of these two processes resulted in the development of additional information sources, i.e., the social adjustment scale.

D. Time Frame

The time frame of the study falls within two ranges. The statistical analysis of project outcome and related input data covers the first year of project operations (March 1, 1973 - February 28, 1974). The narrative sections such as the ones entitled project components and organization span the first 18 months. Comparative impact data was sought for similar time periods; unfortunately, such data was not always available. Nevertheless, all comparative analysis utilizes data which falls within the three year period of January 1972 - December 1974.

E. Computerization of Data

Project client data was gathered from client files and transferred to code sheets by project staff under the supervision of this evaluator. A closed-coded reference book was used for information transfer. The evaluator obtained a computer user number at the University of California, San Francisco, Medical Center -- a facility which offers an IBM 360/60 computer, key-punching facilities and a wide range of prepackaged programs. The Statistical Package for the Social Sciences (SPSS) was used to analyze the NEL client data.

Numerous variables were cross-tabulated to test relationships between them. Tests of statistical significance such as the Chi-square and T-test were used whenever the frequency of responses was great enough to permit it. For descriptive purposes, frequency distributions and basic statistical tests of central tendency were computed on all quantifiable variables.

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X. APPENDICES

APPENDIX A
PROJECT OBJECTIVES

1. Project Objectives

Paramount in any effort at evaluating project effectiveness is the establishment of standards by which the project can be objectively judged. Such standards also serve to insure project accountability. In the absence of project purpose or goals, day to day operational activities are often unstructured, fragmented and inefficient. Therefore, such standards must by necessity be explicit and succinct, quantifiable whenever possible, have an association to the problems being addressed, and be consistently adhered to throughout the project's organizational structure. In an effort to identify and assess the nature of NEL's purpose, an analysis of project objectives was undertaken.

There are three primary sources from which NEL's goals and objectives emanate. Policies governing project objectives are defined and/or interpreted by the following sources:

- Extant data (CCCJ contract, Articles of Incorporation, Annual Reports, etc.),
- NEL's Staff,
- NEL's Board of Directors.

a. Extant Data

An examination of official documents reveals that general, as well as specific objectives, have been defined. As stated in the organization's Articles of Incorporation, the:

"specific and primary purpose for which this corporation is formed are to provide educational, preventative and rehabilitation services and facilities to narcotic addicts, drug users and persons affected with similar problems."¹

NEL's organizational purpose allows for a wide variety of interventions related to drug abuse. The rehabilitation of Chicano addicts is one such intervention. As such, the operation of a residential treatment facility for heroin addicts clearly falls within the purpose and scope of the broader organizational goal.

¹Narcotics Education League, Inc. By-Laws, 1 (1971).

Other documents, e.g., Corporate By-Laws, Drop-in-center SB 714 contract, Revenue sharing and Alcohol Abuse contract, indicate that objectives and goals are generally consistent and germane to the broader organizational purpose.

The objectives of the residential treatment facility are specified in the corporation sub-contract with the County of Alameda. The contract calls for the fulfillment of the following objectives:

- To maintain 40% of all clients referred by the courts and law enforcement agencies for at least 45 days.
- To direct 20% of those clients completing the 90-day program from further criminal justice involvement for at least six months.
- To place at least 20% of all clients served into training programs or some form of employment.

The residential treatment facility contract clearly stresses objectives that are quantifiable in nature and readily lend themselves to measurement. The extent to which the measurable objectives are appropriate indicators of outcome remains speculative. The objectives attempt to fall within the direct impact policy of CCCJ by addressing the issues of recidivism and reduction in addiction. The specific percentages are somewhat arbitrary, as has been noted by previous evaluations of drug abuse programs. However, in the absence of a clear understanding of the cause and effect of heroin addiction and effective treatment modalities, incremental objectives such as these will continue to be our "best" indicators.

2. Staff

In order to identify the staff's perception of organizational goals and project objectives, two research methods were utilized. The first technique consisted of a modified form of the Delbecq nominal group process. The Delbecq technique has proven to be a successful management tool in creative goal identification and problem solving. To summarize briefly, each staff member was asked to list those organization goals which he/she felt NEL should be pursuing. The list of responses was then pooled and staff members were asked to select and rate those goals which they felt were most important. On the basis of the members' selections, the following goals were ranked as most important:

Staff Delbecq Ranking -- Most Important Goals

Goals that NEL should be pursuing:

- To develop clients' ability to think for themselves.
- To provide education to all residents in order to help them deal with everyday problems.
- To provide clients with positive alternatives to enable them to lead a drug-free life.

A categorization of all goals identified through the Delbecq process revealed that most were qualitative and focus on means (see Table 1). Of the 29 goals mentioned, 27 or 93% were qualitative. That is, they were of such a nature that an assessment as to whether project goals had been met would depend upon the subjective interpretation of the various groups affected, e.g., clients, criminal justice personnel, staff, etc. In addition, 22 or 76% of the goals mentioned were concerned with input rather than output. Input objectives refers to the activity of providing a particular service. It is assumed that such services are but a means toward the accomplishment of some greater ends. Output objectives refers to the outcomes of the service provided, i.e., reducing recidivism.

Table 1

Categorization of Staff Delbecq Ratings

<u>Goal Focus</u>	<u>Goal Measurement</u>	
	Qualitative	Quantitative
Input	20 (69%)	2 (7%)
Output	7 (24%)	0 (0%)

Staff emphasis on qualitative and input goals is a reflection of their orientation. As ex-addict practitioners, staff focus their attention on the day-to-day interactions with clients. Generally, staff assume an intuitive rather than analytical approach to project goals and performance. Staff have the attitude that if one person is "saved", then the project has accomplished its purpose and is "worthwhile".

While not passing judgment on the staff's values, the evaluator considers it important that (1) agreement exist among staff as to what the project is trying to achieve, and that (2) staff are aware of the project's specific contractual obligations, as identified in source documents. With regard to the first point there is general staff agreement that the primary purpose of NEL is to provide direct services to heroin addicts, with emphasis on the residential treatment program. Though providing other services such as drug abuse information in the schools, outpatient counseling through the drop-in center and community organizing activities, the operation of the residential treatment program is the first priority. In order to address the second point, i.e., staff knowledge of contractual objectives, a structured survey instrument was administered to project staff. This questionnaire included two questions specifically pertaining to the objectives of the residential treatment program:

- In a few words, what do you feel the primary purpose of NEL's Residential Treatment Program is?
- More specifically, what are the measurable things that NEL's Residential Treatment Program is doing for its residents?

Staff responses to both questions were of the same nature as those obtained through the Delbecq process; helping, rehabilitating, enabling and coping were words frequently mentioned. None of the staff identified recidivism or length of residency as an objective. Placement into an education or employment program was mentioned but not within the context of a specific measure, i.e., to place at least 20% of all clients served into training programs or some form of employment.

It is concluded that NEL staff are not familiar with the specific objectives stated in the CCCJ residential facilities contract. It is recommended that staff familiarize themselves with these objectives and that this requirement be incorporated in the orientation of all new staff. It is also recommended that staff reassess the objectives of the project on a regular basis to insure that all objectives are consistent with program operations and reflect the changes the project may be undergoing.

3. Board of Directors

In assessing NEL Board members' knowledge of organizational and program objectives, a total of 13 persons have filled Board positions since 1972. Of the 13, four were not interviewed because their Board term did not coincide with the establishment of the residential program; in addition two members were not reachable.

The goals mentioned by Board members indicate that the rehabilitation of the addict is a primary concern. However, like the staff, the Board members did not indicate any knowledge of the contractual objectives as noted in the CCCJ contract. The objectives mentioned most frequently by the Board members include:

- To help the addict stay clean,
- To change the addict's lifestyle,
- To rehabilitate the addict.

It is felt that the Board of Directors' responsibility for the overall operation of the organization requires them to be aware of objectives to which their program is contractually obligated.

4. Objectives of Other Drug Programs

Finally, in an effort to determine how NEL's residential facility's objectives compare to that of other drug programs, a survey of the latter was undertaken. Collecting objectives from residential drug treatment programs throughout the San Francisco-Bay Area, California and the United States, the evaluator compiled a diversified sample (see Table 2).

As can be noted from the sample, many drug programs state their objectives in rather vague and esoteric terms. Concepts such as "motivating residents", "opportunities for self-fulfillment", "assume social responsibility", etc. do not readily lend themselves to measurement without the utilization of psychological tests -- something which community-based drug programs are generally opposed to. In the absence of social and psychological measurements, a project's ability to bring about attitude changes among clients is often incalculable.

It can also be noted that many of the objectives listed in Table 2 are of an input rather than output nature. That is, instead of recidivism or reduction in addiction, the delivery of service, or means, are stated as objectives. On the whole it appears that NEL's objectives are superior in terms of specificity, measurability and "impact" on the criminal justice system. Whether NEL's objectives are more or less "relevant" or "meaningful" than those listed in the CCCJ contract is dependent on the reader's values and perspective toward drug abuse. While not passing judgment on this latter point, it is concluded that NEL's objectives adequately address the problem of heroin addiction.

Table 2

Sample of Residential Drug Treatment Objectives

<u>Name of Project</u>	<u>Location</u>	<u>Objective(s)</u>
I. <u>BAY AREA</u>		
Reality House West	San Francisco	. To provide rehabilitation services in a residential setting for 40 drug-dependent persons.
Walden House	San Francisco	. To significantly reduce drug abuse among residents of Walden House.
		. To motivate residents to seek education and employment as alternatives to street life.
II. <u>CALIFORNIA</u>		
Tuum Est	Los Angeles	. To prepare the residents of Tuum Est for a drug-free existence through re-socialization in a supportive and protective environment.
		. To provide opportunities for self-fulfilling work during the process of rehabilitation.
		. To maintain outpatient status for residents wishing to stop the use of drugs but not wishing to enter a hospital facility as in-patients.
Boyle Heights/East Los Angeles Narcotics Prevention Project	Los Angeles	. To ameliorate the consequences of severe narcotics problems within the community.
Camarillo Program	Camarillo	. To decrease the amount of recidivism among drug abuse offenders.
		. To provide the background necessary for gainful employment as well as full-time employment upon completion of the program.
		. To provide drug abusers with the physiological and psychological ability to cope with the problems of society they have encountered and will encounter.

(continued)

Table 2

Sample of Residential Drug Treatment Objectives

(continued)

<u>Name of Project</u>	<u>Location</u>	<u>Objective(s)</u>
III. <u>UNITED STATES</u>		
Horizons House	New York	. To provide therapeutic discussion groups which permit the patient to understand the roots of his illness, as well as that of his companions. . To provide opportunity to assume individual, family and social responsibility. . To provide the patient with the opportunity to make restitution and compensate society for his past life.
St. Leonard House	Chicago	. To provide orientation, preparation and development of a longer term of rehabilitation, including detoxification from physical dependence on narcotics for 250 addicts.

APPENDIX B

SURVEY OF DRUG PROGRAM DIRECTORS

Survey of Drug Program Directors

In the course of this evaluation NEL staff repeatedly emphasized the unique aspects of the Chicano addict and the seeming inability of existing therapeutic communities to effectively provide for the needs of this population group. To test the extent to which these perceptions are shared by others in the drug treatment field, a sample of drug programs was contacted. The interview sought to elicit information regarding the experiences of these drug treatment programs in rehabilitating Chicano heroin addicts. It was felt that therapeutic communities which were not exclusively Chicano-oriented would provide an additional perspective on the rehabilitation process of Chicano addicts. The following analysis is based on interviews conducted with directors and staff of various drug treatment programs in the San Francisco-Bay Area. The programs and their location were as follows:

- Chrysalis San Jose
- Delancey Street . . . San Francisco
- G.R.O.U.P. Berkeley
- NAPA Family Napa
- Project Eden Hayward
- Reality House San Francisco
- Wineskin Mountain View

The collective drug treatment experience of the seven directors totaled over 28 years. These directors administered programs which were essentially similar to NEL in terms of their overall structure. That is, all programs (1) utilized a phased treatment approach with specific time periods, (2) employed ex-addict staff as counselors and (3) used therapeutic techniques based on either the Synanon or Narcotics Anonymous model. The one major difference lay in the fact that all programs were long-term, i.e., 6 to 24 months rather than short-term, viz., 3 to 6 months, such as NEL.

Four of the seven respondents felt that there was a distinct difference in the way Chicanos respond to treatment as compared to other ethnic groups. It was generally acknowledged that Chicano addicts are not as likely to be as open or verbal during counseling sessions, that they form cliques with each other, that they are more family oriented and have different cultural needs, i.e., food, language, music, etc. Of the three respondents who felt there were no differences between Chicanos and other addicts, the basic premise was that addicts are all alike. Quantifiable outcome data is available on three of these projects, i.e., Project Eden, Delancey Street and Chrysalis. This information corroborates the assumption that Chicanos do respond differently to treatment. If retention rates can be used as an indicator of whether Chicanos respond differently to treatment, then the evidence suggests that they are more difficult to rehabilitate. Comparing Chicano addicts to all addicts within the three programs mentioned, it is revealed that they leave programs at a faster

rate than the general addict population (see Figure 1 and Table 3). Over 73 percent of the Chicano addicts leave within one month. This compares to a 63.7 percent split rate for all addicts. Asked what the reasons were for Chicanos leaving drug programs, the respondents indicated that the lack of Chicano counselors and few other Chicano addicts contributed to a feeling of isolation. Chicano addicts were reported to be more religious, family- and culture-oriented than other ethnic groups. The inability of mixed programs to adequately address themselves to these needs appears to manifest itself in higher split rates for Chicano addicts. The majority of respondents felt that attempts at assimilating Chicano addicts to a non-Chicano oriented treatment modality were not very successful. Citing distinguishing factors such as ethnic pride, family identification and "machismo", the majority of respondents indicated that Chicanos have a more difficult time in the rehabilitation process.

Figure 1
Client Retention Rate
as a Function of Ethnicity

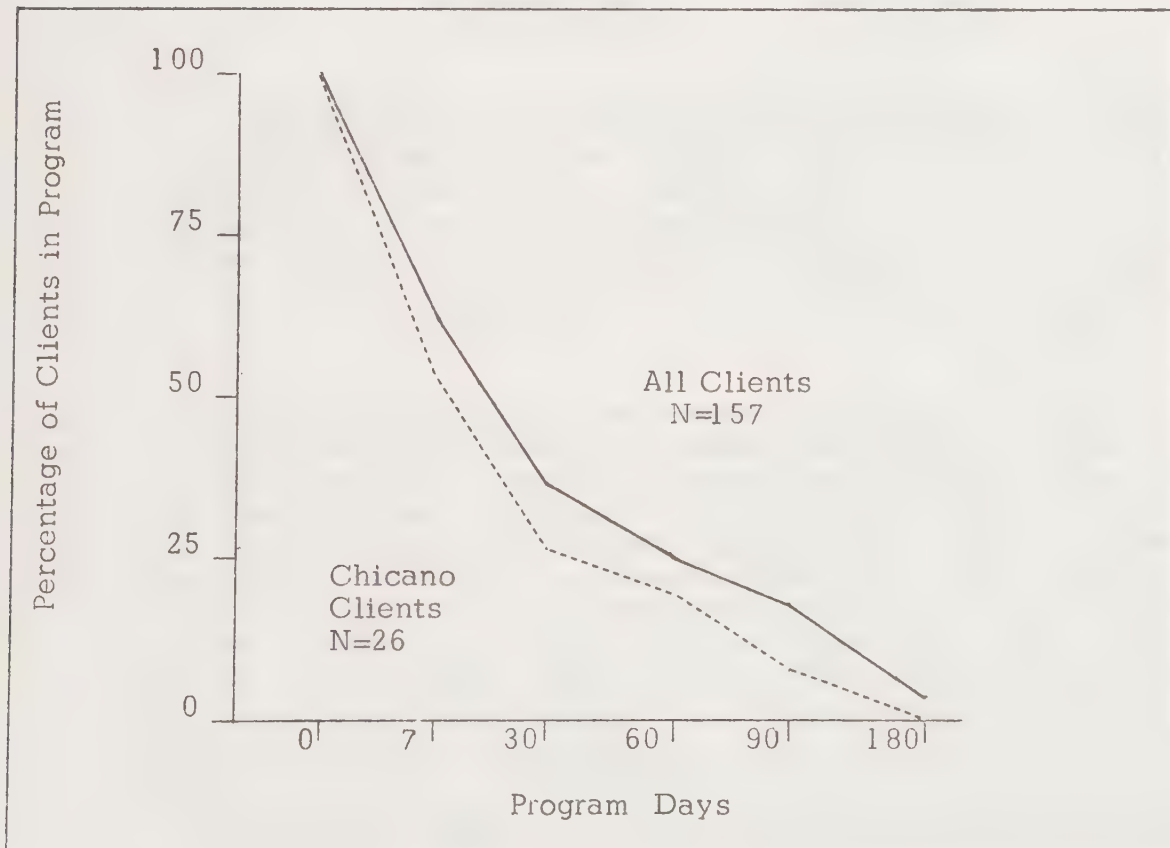


Table 3

Client Retention Rate
as a Function of Ethnicity

Number of Days in Program	Clients	
	All No. (%)	Chicano No. (%)
less than 7	53(33.8)	12(46.2)
8 - 30	47(29.9)	7(26.9)
31 - 60	18(11.5)	2(7.7)
61 - 90	11(7.0)	3(11.5)
91 - 180	22(14.0)	2(7.7)
over 180	6(3.8)	0(0)
Total	157(100.0)	26(100.0)

On the basis of the responses and the comparative retention rates, it appears that there are distinguishing characteristics which must be taken into account in rehabilitating Chicano heroin addicts. For many mixed programs, time and monetary constraints preclude the development of individualized treatment approaches. Consequently, Chicano addicts do not respond to treatment as favorably as other ethnic groups. This appears to support the hypothesis that alternative treatment approaches must be developed that address themselves exclusively to Chicano addicts.

